

**Title of Session:** Special Education Forum

**Moderator:** Paul Bohac

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**JenniferMW:** I am almost finished with my NETS\*T certification - a National Teacher of Technology Certification and my Tech people wanted me to learn to use Tapped In.

**JenniferMW:** I am also getting my NETS\*T certification - National Teacher of Technology. My "Tech People" wanted me to learn to use Tapped In. I am impressed so far.

**DianeDP:** Hello everyone, I just came from the AR chat

**PaulDB:** Hello Diane and welcome Jeff!

**DianeDP:** I head the special education certificate program at Shenandoah University in Winchester, VA

**PaulDB:** Now that would be an interesting job, Diane.

**BjB:** Diane, Virginia is doing some pretty great stuff in education technology wise!

**JenniferMW:** I am a SPED teacher of students with Down Syndrome in Harrisonburg City - 1 hour from Winchester. I use technology daily in my classroom.

**MichaelJ** joined the room.

**PaulDB:** Hello Michael

**MichaelJ:** Hi

**BjB:** good job, Michael

**MichaelJ:** no prob

**BjB:** a reminder if you are new to Tapped In to go to the actions menu in the top right of the chat and select DETACH

**BjB:** you can also go to Actions and select Larger Text

**BjB:** . o O ( this makes it easier to follow the chat )

**BjB** : Paul, did you want to start formally with introductions?

**PaulDB**: Certainly, I am a retired Correctional Education Administrator with a background in Special Education.

**BjB** : I'm a retired art and communication teacher located in Pennsylvania

**MichaelJ**: I'm a retired printer and college design educator in NYC

**PaulDB**: I guess since Diane and Jennifer have already introduced themselves, we can get started.

**PaulDB**: Does anyone have a specific topic they want to introduce or can we continue discussing relationship between mental health and spec ed?

**MichaelJ**: ok by me

**BjB** . o O ( for the transcript, Jennifer teaches down syndrome children and is in Virginia )

**PaulDB**: Diane, since you work with special education certificate programs, how is the issue of mental health addressed in your working experiences?

**DianeDP**: I teach a course that requires us to consider medical issues in sped so I would say your topic is of great interest to me

**PaulDB**: I guess I am trying to learn if there is any attention focused on the topic as a part of professional preparation.

**PaulDB**: Most of my experiences in addressing mental health issues centers around the emotionally disturbed, SED, and related behavioral problems.

**BjB** . o O ( depression can manifest itself in many ways in the classroom )

**PaulDB**: For example, there is evidence that LD students may experience depression to a higher incidence level than other student populations.

**BjB** grins..how's that for teamwork, Paul!

**PaulDB**: works for me!

**JenniferMW**: How do you convince a family they want to break the cycle of negative mental health issues for a child when you are working with adults who aren't rational?

**PaulDB**: Not to be flippant, but what do you mean by "aren't rational"?

**BjB** wonders if Jen means stressed out parents of said children?

**PaulDB**: I mean , do they really want to break the cycle of negative mental health?

**JenniferMW**: I'm trying to be brief since most responses are. :) By "aren't rational," I mean the parent / caregiver almost has a need for the child to be depressed b/c they as the caregiver "need to be needed."

**MichaelJ**: May I ask what are the kinds of behaviors that you have to deal with?

**PaulDB**: My initial effort would be to focus on the real needs of the child.

**BjB** . o O ( to put Jen's comments a little in context, she's just come from a day of hour long conferences with parents )

**PaulDB**: Downs syndrome children typically seem to be very open and affectionate in my experience.

**JenniferMW**: Certainly....A 10 year old boy who has to sleep with a parent because he is so afraid the parent will die. He cries a lot fearing death. However, the parent may say to the child, "You may have strep and need to go to the hospital for an operation." That feeds his fear, which feeds the depression, which significantly impacts learning. I am seeing improvement over the past year with the work the social worker and the psychologist and I are doing, but it isn't as great as I wish. I care deeply for this child.

**PaulDB**: Then the issue is with the parent's own fears for the child.

**PaulDB**: Sounds like you are working with some helicopter parents; always hovering around, fearful of any possible harm befalling their child, and forever alert to danger.

**DianeDP**: I invited Quinn Bradlee to speak last week at SU. He just wrote a memoir about his learning disabilities. He facilitates a networking site called Friends of Quinn. From what I can tell, the majority of people with disabilities that are members experience depression. I found that in my own teaching experiences with high school students with disabilities. It was unfortunate that many self medicated with drugs. I had to ask myself, what came first? the drug use or the depression?

**PaulDB**: Diane, I feel very confident in saying that the depression preceded the drug use.

**PaulDB**: I would go so far as to suggest that the drug use is an attempt to overcome the feelings of depression, if only for a little while.

**DianeDP**: depression preceding depression was my feeling, too

**PaulDB**: Along that line, Jennifer do you know if any of the parents of your children may be taking prescriptive drugs for some medical condition?

**JenniferMW:** Paul, do you feel that we are seeing an increase in depression in elementary age students? I've heard some people say so. What do you think? If so..why?

**PaulDB:** Some medications have side effects which may include depression or suicidal thoughts.

**PaulDB:** Yes, the increase in depression among elementary students does seem to be on the rise.

**PaulDB:** Some evidence suggests that it is because of the high stakes testing that occurs within the school system.

**JenniferMW:** Yes, Some heavy prescription drugs. I have the list in my files at work. I try to keep in contact with the physicians if I have a release to discuss the suicidal thoughts of parents/students.

**DianeDP:** What do we know about ADHD meds and suicidal thoughts? Quinn mentioned that he struggled with both

**PaulDB:** Other contributing factors include the economy, the push to "get an education", the increased use of retention when a child does not achieve at a pre-determined level on a "test".

**JenniferMW:** What's the title of Quinn's memoir? I'd like to read it and then add it to a database of books I've created on my teacher webpage for parents - after I read it.

**PaulDB:** Almost any medication that affects the central nervous system has the potential to affect feelings of depression and suicidal thoughts. That is one reason why dosage limitations are so critical.

**DianeDP:** Look at [http://www.usatoday.com/news/health/2007-06-06-vcfs\\_n.htm](http://www.usatoday.com/news/health/2007-06-06-vcfs_n.htm)

**DianeDP:** This link will take you to a site about his book  
[http://learningdisabilities.about.com/od/severedisabilities/gr/Quinn\\_Bradlee.htm](http://learningdisabilities.about.com/od/severedisabilities/gr/Quinn_Bradlee.htm)

**JenniferMW:** Thanks!

**SusanR** joined the room.

**BjB** : welcome, Sue

**SusanR** : greetings all

**PaulDB:** Students identified as ADHD are given Ritalin, Adderal (sp?) and I think Focallin (sp?). Side effects for all three includes lethargy, which translates into academic

slowness which further reduces opportunity to learn and contributes to frustration.

**PaulDB:** Frustration and the corresponding inability to achieve competence creates fertile ground for depression.

**DianeDP:** Frustration and feelings of unworthiness can lead to depression

**PaulDB:** Imagine how unworthy one is when one cannot achieve acceptable academic performance.

**PaulDB:** Peers move up a grade and the child stays behind because of poor test performance despite extraordinary effort on the part of the child.

**JenniferMW:** You are preaching to the choir! Do you think the supporters of NCLB will eventually realize the pressure they are putting on students by making everyone fit the same mold?

**DianeDP:** No I do not, because supporters of NCLB generally do not understand the issues people with disabilities have with learning

**PaulDB:** I don't know but the annual graduation rate is going down from a high of 77% in 1969 to only 74% in 2005. 3 percentage points is not much but it reflects 3.8 million youth under the age of 21 w/o a high school diploma or a GED.

**PaulDB:** I agree with Diane, but have some hope that some changes are on the horizon.

**MichaelJ:** what kinds of things are you seeing?

**JenniferMW:** Give me hope. What gives you hope?

**DianeDP:** There is a push for national standards now- what will that bring?

**BJB . o O ( read a funny post to twitter the other day: new NCLB mandate: all children will walk by age one and all children will be potty trained by age 2 )**

**PaulDB:** Here in Florida the Florida Comprehensive Academic Test (our high stakes test for NCLB) has been reduced from a 70% effect on grade promotion to only a 50% effect with other forms of assessment such as portfolios and teacher comments being given greater support.

**MichaelJ:** nice

**PaulDB:** The idea of national standards may have a backlash effect.

**PaulDB:** Public education is a state issue not a federal issue. School Boards are beginning to understand their role and responsibilities.

**PaulDB:** I think the push for national standards may create opposition to the "unfunded mandates" in NCLB.

**DianeDP:** the point is we are moving toward nationalizing education- when it has always been up to states and local school divisions

**DianeDP:** so if we move in that direction, what will happen to those with disabilities?

**PaulDB:** Diane, I believe you are correct, but I am also seeing local communities complaining about the numbers of students who are being retained and the numbers who do not graduate.

**PaulDB:** I am also seeing an increase in the numbers of students with disabilities who are being moved, voluntarily as well as by assignment, into alternative education venues.

**DianeDP:** what we really have at issue are standards that everyone must meet and students with disabilities who have IEPs reflecting their unique needs and learning goals. How do we reconcile the two?

**PaulDB:** Research suggests that the largest percentage of students in alternative education programs are those with disabilities, mostly LD kids.

**JenniferMW:** Diane, not to take too much time with a VA issue since we have others from other states,...but how have you felt about our VAAP (Virginia Alternative Assessment Program) and VGLA (Virginia Grade Level Alternative Assessment). My students have been quite successful with these portfolios. However, I am organized to a fault. Some teachers have not found them effective. What are your thoughts?

**PaulDB:** You have touched on the key pending conflict. NCLB and the IDEA. There is a current case pending in the federal system, (wish I could cite the specifics) that presented the challenge you described.

**JenniferMW:** Paul, since you have a background in corrections, what do you think is the single most important thing we as educators can do to assist students from ending up in the correctional system?

**DianeDP:** My grad students tell me that they like being able to show how their students are learning since students generally do not show that on SOL tests

**JenniferMW:** agreed.

**DianeDP:** Paul- Peter Wright will be speaking on Saturday in VA Beach at Regent University in VA Beach. Hope he addresses this case.

**PaulDB:** Jennifer, teachers who focus on helping kids learn how to learn will do much to

reduce academic failures. We teach kids how to read in the first three grades and then we expect kids to read to learn thereafter.

**PaulDB:** However, not every kid is ready to read before leaving 3rd grade, and not every kid will learn best through reading.

**DianeDP:** and we should never stop teaching them how to use their skills to learn

**JenniferMW:** Interesting points. I bet a lot of people haven't thought of it that way. When we have sharing at our next faculty meeting or reading inservice I might bring that up.

**PaulDB:** If we can help students learn how to learn, how to read, how to listen, how to physically engage in learning opportunities, we help kids realize that "learning" is not just something they do in school.

**PaulDB:** After all, education is not the same as schooling, we just seem to have either forgotten that or choose to ignore it.

**SusanR:** we as teachers need to embed strategy instruction within subject matter

**BjB** looks at the clock on the wall

**PaulDB:** Well said Susan.

**SusanR:** thro' all grade levels

**BjB:** A reminder that the next SPED discussion will be on November 9

**PaulDB:** But we also need to incorporate generalization into our instruction as well.

**DianeDP:** Before we go, Quinn asked me to help him find "friends" to join Friends of Quinn.

**PaulDB:** And how do we do that?

**DianeDP:** <http://www.friendsofquinn.com/>

**PaulDB:** Thank you! I am also the President of a local substance abuse Board of Directors so I also have a keen interest in the use of medication with kids with disabilities so I welcome the opportunity to participate.

**BjB:** Thanks for leading this meaningful discussion, Paul. And thank you, everyone, for all your great input

**DianeDP:** Paul- try Quinn's book- lots of great insights in it.

**DianeDP:** Bye now

**SusanR:** Thank you!

**BjB** hopes she has everyone's permission to quote dialogue

**BjB** . o O ( from this discussion )

**DianeDP:** got mine

**JenniferMW:** Thanks! A great new experience!

**MichaelJ:** thanks for the discussion. Most interesting.

**BjB** waves goodnight. See you next month, Paul

**PaulDB:** One more comment to Jennifer, talk with the parents with an eye towards helping their child throughout time, not just individual episodes or events. Take a longer view, next year, five years from now, might help.

**PaulDB:** Thanks to all for a very lively and interesting session. I hope we can meet next month again!!

**JenniferMW:** I like your thought! I will try that the next time.