

# **The Use of Collaborative Intervention to Reduce the Depression and Anxiety of Students with Learning Difficulties**

**Jean R. Baloloy**

Public Schools District Supervisor  
Schools Division Office of Albay  
Department of Education, Region 5, Philippines  
[jean.baloloy@deped.gov.ph](mailto:jean.baloloy@deped.gov.ph)

**Rodel E. Pancho**

Education Program Supervisor  
Schools Division Office of Sorsogon Province  
Department of Education, Region 5, Philippines  
[rodel.pancho001@deped.gov.ph](mailto:rodel.pancho001@deped.gov.ph)

## **Abstract**

This study presents the use of collaborative intervention to reduce the depression and anxiety of students with learning difficulties. Specifically, it aims to find out what effective intervention could be proposed, and what factors could differentiate the status of the students' depression and anxiety after the collaborative intervention has been conducted. The depression and anxiety were measured using the 25-item Revised Child Anxiety and Depression Scale (RCAD) short version. The quantitative method was used for the numerical facts gathered through the child's self-assessment and parent observation rating reports. On the effectiveness of the conducted intervention, the Quasi-Experimental was used with the pre and post-test design. Contextualized intervention lessons were made and conducted collaboratively by the teachers and parents with the support of the barangay health workers. Results of the students' self-assessments and parents' observation ratings were found to be higher for both depression and anxiety before the conduct of the intervention and found to be lower after the intervention has been conducted. The gain revealed in the posttest has proved that the use of collaborative intervention has a significant impact on reducing the depression and anxiety of students with learning difficulties.

## **Keywords**

Collaborative Intervention, Learners with Learning Difficulties, Self-Assessment, Depression, and Anxiety

## **1. Introduction**

The COVID-19 pandemic has brought a tremendous effect on education. The two-year implementation of blended learning modality – modular, online, and radio-based has been found to be wanting for the students to acquire proficiency in the learning competencies expected of them. Thus, when face-to-face classes for the school year 2022-2023 resumed, students at all levels have been found to have learning gaps making them feel unprepared to enter their next grade level due to their lack of readiness academically. Jiang et al. (2022) found that the stress brought to families by the COVID-19 pandemic has a significant adverse effect on children's education because it caused depression among them and ultimately affects their academic performance. Rao et al. (2021) highlighted the report of the American Psychological Association which states that "nearly 81% of Gen Z teens, ages 13 to 17, experience more intense stress in schooling due to COVID-19." They further stated that several recent investigations have confirmed the technological challenges and psychological impact of the pandemic on students in different countries (p.9). With

this scenario, it is expected that there will be greater challenges for students with learning difficulties. Olmedo et al. (2021) cited that students with learning disabilities/difficulties (LD) have low levels of receptive and written communication and general adaptive behavior; they also have difficulties in levels of adaptation and social skills. Apart from having lower social skills, they also have lower academic achievement and greater feelings of loneliness (p.822).

Depression is defined as a mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how one feels, thinks, and behaves and can lead to a variety of emotional and physical problems. Anxiety is a feeling of fear, dread, and uneasiness. It might cause one to sweat, feel restless and tense, and have a rapid heartbeat (APA, 2022). If students with learning difficulties would be helped in time and appropriate intervention could be provided, their depression and anxiety would be minimized or reduced, and eventually would impact their mental well-being and participation in school.

## **1.1 Objectives**

To determine if the use of collaborative intervention would reduce the depression and anxiety of students with learning difficulties, this study aims to answer the following questions:

1. What effective intervention could be proposed to reduce the depression and anxiety of students with learning difficulties?
2. What factors differentiate the status of depression and anxiety of the students with learning difficulties before and after the intervention has been conducted?

## **2. Literature Review**

To provide the authors with a broader understanding and deeper insights into the topic, related ideas gleaned from journals and publications by several researchers were read.

Several studies on the prevalence of depression and anxiety among students have been conducted. Bhattarai et al. (2020) found a high prevalence of depression among high school students, with more than two-fifths (44.2%) of students having depression. Furthermore, almost a quarter (25.3%) of the students noted mild depression and 18.9% of the students expressed major depression. Students who had low perceived social support, those who did not share their problems with anyone, and had low self-esteem were at higher odds of being depressed. It was observed that students' level of perceived social support, self-esteem, and self-seeking behavior is somehow related to their mental well-being. Hence, improving social support and self-esteem may alleviate depression and mental distress among these adolescents. They concluded that schools and families could adopt appropriate interventions such as monitoring and support to the students, counseling, and stress management training programs and workshops that enable and encourage students to share their problems and seek help when they experience any mental distress (pp.1 and 7). Zhang et al. (2020) also conducted a study that found several high school students suffered from depression and anxiety symptoms during the COVID-19 epidemic. It was recommended that sufficient attention be paid, and necessary support be provided to protect the mental health of this group of students. They further stressed the responsibilities of society, schools, and families to maintain the healthy psychological status of students during the COVID-19 epidemic.

A similar study by Karki et al. (2022) found to have more than half of the students had depression and anxiety symptoms and nearly one-third of the students had stress symptoms. Prevention and control activities such as school-based counseling services focusing to reduce and manage depression, anxiety, and stress faced by the students were recommended. Pascoe et al. (2020) highlighted in their narrative review that academic-related stress is a major concern for secondary and tertiary students. The ongoing stress relating to education has demonstrated a negative impact on students' learning capacity, academic performance, education, and employment attainment, sleep quality and quantity, physical health, mental health, and substance use outcomes. Increasing students' stress management skills and abilities is an important target for change (p.109). Abuzaid (2021) asserted that failure to succeed in school is often associated with stress and depression which places students with learning disabilities at an increased risk, as their emotional development is different from their peers. He pointed out that the academic weaknesses of students with learning difficulties lead to an increase in their depression. The study concluded that from the viewpoint of their teachers, students with learning difficulties have an average level of depression in the four thematic domains of the study. The most frequently observed symptoms were in the domain of "emotional dulling", secondly in "decreased morale", thirdly in the "melancholy and despondent" domain, and finally in "disturbance of physical and motor activity". The

result of his study suggests that counseling and psychological services provided in schools may help students to adapt to their situation. However, these services should focus on reducing the psychological symptoms associated with depression. Setting up programs for early detection of depression associated with learning difficulties among students with learning disabilities in schools was recommended (pp 126-133).

Previous studies tackled the prevalence of depression and anxiety among students. All of those have a common suggestion which is to provide interventions and services to reduce and manage the depression and anxiety of the students to help them adapt to their situation. Shihadih (2019) conducted research on 'Harmonizing Social-Emotional Learning for Students with Special Needs' exploring the benefits of modifying multiple social-emotional learning (SEL) programs to best fit the needs of students with intellectual disabilities using the Zones of Regulations and Providing Alternative Thinking Strategies (PATHS). Students used the Zones of Regulations chart, to identify the emotions of their classmates and connect their emotions to their behaviors. The study used a shorter version of the PATHS curriculum, which consisted of 60 lessons that were adapted specifically as a model for the second and third grades and were composed of units on self-control, emotions, and problem-solving. Special education teachers used a modified version of PATHS that placed a greater focus on teaching and reinforcing behavioral self-control and less emphasis on the more advanced steps of problem-solving. There was a significant difference found between the intervention groups and control groups. The author cited that social and emotional challenges can be addressed with the support of an SEL (Socio-Emotional Learning) curriculum (pp.15 and 45). Similarly, Hoofman (2018) investigated the effect of implementing the Zones of Regulation Curriculum by Kuypers (2011) on regulating students' emotions to minimize conflicts in the third-grade classroom.

It was cited in the study that students were better able to identify and categorize their feelings after being taught the Zones of Regulation Curriculum although there was no evidence of a decrease or increase in conflicts. In addition, Ochocki et al. (2020) conducted a study on evaluating the outcomes of the Zones for reducing disruptive behavior and improving the level of self-control of identified elementary students as a Secondary/Tier 2 intervention. The results of their study indicated that student participation in the Zones® Secondary/Tier 2 group did not have a statistically significant impact on students' measured level of disruptive behavior or level of self-control. The implication of the study further cited by the researchers that, it is important to note that these findings are based on the implementation of only 12 out of the 18 lessons in the Zones® curriculum sequence, which may have influenced outcomes on measures of disruptive behavior and self-control. Children may need full exposure to the curriculum and more time for the adequate practice of the skills they learn in a Zones® group with the school social worker before behavioral changes are observed. Additionally, soliciting input from multiple respondents knowledgeable about the student, such as parents/guardians and the students themselves, could expand the assessment perspective on student outcomes associated with the Zones® (pp.4-10). Kuypers (2022) stated in her letter on teaching the zones with integrity that one may determine his zones based on his feelings, energy, and internal state of alertness and not on behavior. Behaviors are impacted by how one manages his zones. There is a need to create a safe space for all learners to feel comfortable identifying and expressing their feelings and Zones, as well as using their Zones tools when they are ready. It may begin with the adult facilitator's mindset and relationships with learners, as well as the materials they use to teach. When setting up a culture in which all feelings are valid and everyone can access tools to regulate, success can be seen with the learners.

Epstein et al. (1997) cited in Newman et al. (2019) mentioned the school-family-community partnership model and emphasized how the school, the family, and the community could work collaboratively to influence the development and learning of children as overlapping spheres of influence. This theory suggested that educators provide family-like schools, families create school-like homes, and communities encourage school-like opportunities and family-like services. When schools, families, and communities work collaboratively to promote student academic success, they are conveying the importance of education and informing students of the importance of their success not only within their school and their families but also within their communities. Schools cannot provide all the support that students need to be successful without a sound partnership with parents (p.95). Caño K.J. et al. (2016) surveyed the influences of parent support using Epstein's framework on the different parenting styles and on its effect on bridging the gap between parents, pupils, and school routine. It also viewed parents' socioeconomic status and educational attainment to verify if these could affect parental involvement. The study utilized the naturalistic paradigm along with varied instruments which constituted the qualitative-explanatory approach to cross-check the data gathered. The results revealed that parent involvement for high and low-performing pupils' socioeconomic status and parents' educational attainment does not have any bearing on the type of parental involvement. These pointed out the conclusion that parental involvement has a positive impact on pupils' academic performance. Both the school and home background

should effort mutually in offering successful pupils in their academic activities because education is a vital determinant in a country's development. The researchers recommended that the programs designed for parent-teacher and parent-community interaction should be more emphasized with the aim of improving the parent and child relationship. It would be very beneficial for the parents, teachers, school, and community to have more input from each other's insights on how to improve opportunities for parental involvement for all learners (pp. 143, 148-149). Similarly, Tus, (2021) conducted a study on the relationship between parental involvement and the academic performance of 493 participants in private schools in the Philippines. He cited that parenting is essential in Philippine society since family is seen as an inside of one's social world. Guardians expect dutifulness from their kids yet also give them huge friendships, care, and nurturance.

Parent-kid connections are regularly affected by "Kapwa" which implies shared personality among Filipino relatives. Filipino guardians have a feeling of interest in their kids and effectively attempt to enhance them. The researcher has explicitly achieved an understanding that parents, instructors, and academic establishments ought to recognize the importance of parental involvement or the relationship between the guardian and the child to serve as an opportunity for improvement (pp. 3,10). Alharbi et al. (2019) conducted a study on depression and anxiety among high school students and cited that parents should be more aware of the mental status of their children, especially during adolescence as the prevalence of the mental disorder has significantly increased over time. In school, teachers should always ascertain students' attitudes and behavior while under their care. Maintaining a good teacher-student relationship will be beneficial in the long run. Parents-teachers' collaboration on nurturing students' good behavior will decrease the prevalence of depression, anxiety, and stress among students in society (pp. 506-509).

Depression and anxiety among students with learning difficulties must be addressed appropriately, but schools need a valid and reliable instrument for assessing symptoms of depression and anxiety among students. Chorpita et al. (2022) published an updated User's Guide for their developed Revised Child Anxiety and Depression Scale (RCADS) on their website and likewise, the 25-item shortened version of the RCADS was presented in the study of Ebesutani et al. (2012) and highlighted the use of Schmid-Leiman exploratory bifactor analysis in the shortened RCADS to reduce client burden and administration time and thus improve the transportability characteristics of this youth anxiety and depression measure. This shortened RCADS balances efficiency, breadth, and scale score reliability in a way that is potentially useful for repeated measurement in clinical settings as well as wide-scale screenings that assess anxiety and depression problems. Based on the study of Lisøy et al. (2022) both the RCADS-47 full version and the RCADS-25 short version are valid measures of anxiety and depression. Findings in the said study indicated that these are valid and reliable instruments for measuring symptoms of anxiety and depression in Norwegian settings. Though RCADS-25 provides a less detailed assessment, it is one of the briefest existing measures to assess symptoms of anxiety and depression concurrently. The authors further cited that this may be especially important when considering the participant burden of survey batteries, and its brevity was an important reason why the shorter version of RCADS was included in a proposed international standard of health and research outcome measures (pp. 1-13).

The literature review provided the authors with significant insight and understanding on conceptualizing an appropriate intervention to reduce the students' depression and anxiety. Readings have proven the high prevalence of depression and anxiety among adolescents in which students with learning difficulties were at a higher risk. The need to establish a strong support system for the teacher, parent, and community to help the students with learning difficulties cope with their emotions is vital. The use of Zones of Regulation Curriculum by Kuypers (2011) in the conducted studies of Shihadih (2019), Hoofman (2018), and Ochoki et al. (2020) enlightened this present study for developing contextualized intervention activities fitted into the needs and context of the student participants. The studies of Newman et al. (2019), Caño K.J et al. (2016), and Tus (2021) shed light on the collaborative approach employed in this study. Valid and reliable instruments for measuring symptoms of depression and anxiety were also found in the readings.

### **3. Methods**

This study on the use of collaborative intervention to reduce the depression and anxiety of students with learning difficulties employed the Quantitative Quasi-Experimental Pre and Post-test method. The quantitative method was used for the statistical or numerical facts gathered through child self-assessment and parent observation rating reports. On the effectiveness of the conducted intervention, the Quasi-Experimental was used with the pre and post-test design.

#### 4. Data Collection

The data for this study were collected from the 30 Grade 7 student participants, aged 11 to 16 years old specifically from the Schools Division Office (SDO) of Albay and Sorsogon Province together with their parents or guardian. The selection of the participants was done by administering a self-assessment for all Grade 7 students who were tagged as having learning difficulties in the Learners Information System (LIS) of the pre-identified schools. Prior coordination with the higher authorities and officials concerned was done for the identification of schools. The parents or guardians of the identified students were called for a meeting and were oriented on the purpose of the study. They were asked to sign parental consent for their children’s participation in the study and assured them of adherence to confidentiality and privacy rights to respect and protect the dignity of the participants. Out of the 111 students with learning difficulties, 30 were found to have high scores on the scales for depression and anxiety thus, they were chosen as the participants for this study. The parents of the 30 chosen participants were given an orientation on the conduct of collaborative interventions for their children together with their respective barangay health workers. The parents who confirmed participation in the study were given an observation tool parallel to the given self-assessment tool for the students. They were asked to rate the depression and anxiety of their children based on their observations. Table 1 presents the profile of the participants from whom the data were collected.

Table 1. The Profile of the Participants

School	Number of Teachers Involved in the Study	Total Number of Grade 7 Students with Learning Difficulties Who Took the Pre-Self-Assessment			Total Number of Grade 7 Students with Learning Difficulties Who Manifested Depression and Anxiety and were Chosen as Participants in the Study			Number of Parents/Guardian	Number of Barangay Health Workers
		Male	Female	Total	Male	Female	Total		
A	2	28	6	34	8	1	9	9	9
B	1	5	4	9	2	1	3	3	3
C	1	5	7	12	0	3	3	3	3
D	2	42	14	56	10	5	15	15	15
<b>TOTAL</b>	<b>6</b>			<b>111</b>			<b>30</b>	<b>30</b>	<b>30</b>

Schools A and D were both having two teachers, so the participants were grouped into two for the conduct of the intervention. Schools B and C were both having 3 participants and one teacher. The data for parents or guardians and the barangay health workers was based on their attendance during the orientation meeting.

#### *Variables and Measurements*

The dependent variables used are the anxiety and depression scores while the independent variables are the participants in the collaborative interventions used such as school, family, and community that work together to reduce the depression and anxiety of students with learning difficulties.

The depression and anxiety were measured using the 25-item Revised Child Anxiety and Depression Scale (RCADS) – child and parent short versions, together with the scoring program, version 3.1 developed by Chorpita and Spence, accessed in its updated User’s Guide (Chorpita et al., 2022) and website. This study opted to use this 25-item shortened version because of the time constraints in the data gathering, and as presented in the study of Ebesutani et al., (2012), this tool used Schmid-Leiman exploratory bifactor analysis for the purpose of reducing client’s burden and administration time. The items in the tool were scored 0 for Never, 1 for Sometimes, 2 for Often, and 3 for Always. The respondents need to enter the number in the ‘score’ column of the scoring worksheet, the gender, and the grade level. A figure will show a dashed line at T=65. T scores of 65 or higher will show a yellow background indicating scores at the borderline clinical threshold, and T scores of 70 or higher will show an orange background indicating scores above the clinical threshold. This set of tools was used for the pre-and post-self-assessments of the student participants and observation ratings of the parents. The pre and post-tests were measured using the statistical tools Friedman and Paired-T-Tests to determine whether the intervention conducted was effective in reducing the depression and anxiety of the students with learning difficulties.

Data on the use of the 2-week collaborative intervention plan was collected. The plan contains ten (10) contextualized activities anchored on the Zones of Regulation by Kuypers (2011) which aimed to teach learners about internal awareness and building self-regulatory behaviors. The activities and instructional materials were prepared in the context of the participants. The activities were focused on recognizing and expressing one’s feelings and emotions; engaging in anxiety relievers and calming activities that release pent-up emotions and give a sense of inner peace and joy; expressing self through writing, drawing, music, and body movement activities; participating in a conversation and responding to the feelings of others; performing mindfulness activities; managing and regulating emotions; and enhancing one’s creativity. The teachers, parents, and barangay health workers were oriented on the implementation of the plan. Data were gathered by having the teachers and parents accomplish the Observation Checklist for students’ behavior before, during, and after the conduct of the intervention. Additional observations or comments were also requested to be included in the report. Interviews with the concerned school heads, teachers, parents, and barangay health workers were conducted. All necessary documents on the conduct of the collaborative intervention were collected from the schools and parents for consolidation and analysis.

## 5. Results and Discussion

The thirty (30) students who were found to have manifestations of depression and anxiety as revealed in the pre-self-assessment results and parents’ observation reports at the start of the study were given 2-week intervention activities by the teachers in school and parents at home with the help of the barangay health workers. The collaborative intervention was conducted for two weeks. It was found that after the intervention has been conducted, the depression and anxiety of the thirty (30) student participants had reduced. Table 2 presents the results of the pre-and post-self-assessments and parents’ observation ratings for students’ depression and anxiety.

Table 2. Pre-Test and Post-Test Results of Students’ Depression and Anxiety

Sources of Data	Pre-Test Result (Depression)			Post-Test Result (Depression)		
	Mean	Median	SD	Mean	Median	SD
Students’ Self-Assessment	16.60	15.50	3.06	6.80	6.50	3.58
Parents Observation Rating	19.27	20.00	3.74	5.73	6.00	2.78
Sources of Data	Pre-Test Result (Anxiety)			Post-Test Result (Anxiety)		
	Mean	Median	SD	Mean	Median	SD
Students’ Self-Assessment	26.30	25.50	4.01	15.23	15.50	6.51
Parents Observation Rating	69.77	70.00	4.49	7.63	7.50	3.11

The students’ self-assessment pretest scores for depression and anxiety have means of 16.60 ( $SD = 3.06$ ) and 26.30 ( $SD = 4.01$ ), respectively. Posttest scores were found to be lower with means of 6.80 ( $SD = 3.58$ ) for depression and 15.23 ( $SD = 6.51$ ) for anxiety. On the other hand, the pretest scores of parents’ observation ratings for their child’s manifestation of depression had a mean of 19.27 ( $SD = 3.74$ ) while anxiety had a mean of 69.77 ( $SD = 4.49$ ). During the posttest, depression had a mean of 5.73 ( $SD = 2.78$ ) while anxiety had a mean of 7.63 ( $SD = 3.11$ ). This implied a significant gain in the posttest over that of the pretest.

The collaboration made by the teacher, parents, and barangay health workers in providing intervention to the student participants has proven to be effective. It helped the students recognize their emotions, gain an understanding of their feelings, find appropriate strategies for coping with their social and emotional challenges, and manage their emotions. This relates to what Kuypers stated in her letter on teaching the zones with integrity (Kuypers, 2022). Although the curriculum for Zones of Regulation was not used as a tool in this study, the use of color zones in understanding one’s feelings and finding strategies for communication, coping, and wellness was inspired by the concept of Zones. The student participants were engaged in ten (10) varied multi-sensory activities such as drawing, singing, dancing, listening, speaking, viewing, observing, tasting, playing, doing tactile artwork, and performing mindfulness activities in two weeks. All the activities were designed to guide the participants in recognizing and understanding what they feel and likewise the feelings of others, providing them a means of expression and a way out of their ill feelings and managing their emotions. Indeed, once emotions are recognized and managed, it creates an impact on the way one’s behaved. Simple physical exercises and yoga were also performed by the participants. It relates to a study that revealed physical exercise has a positive impact on mental well-being and alleviates some of the stressors experienced by high schoolers (Rao et al., 2021). This study also used fidget toys in the activities to channel participants’ anxious energy, reduce restlessness, improve their focus, and manage their anxiety. Lessons in the collaborative intervention were

conducted alternately in school by the teachers and at home by the parents with the help of the barangay health workers. Specific instructions and scripts on how to execute the activities in the plan were provided for uniformity in the delivery of the lessons and to make the implementation easy for the teachers and parents. An orientation workshop on the implementation of the intervention plan was conducted and attended by the school IE (Inclusive Education) coordinators or teachers, school heads, parent participants, and barangay health workers concerned. They were taught how to execute the 2-week lesson activities in the plan and to use the observation checklist for documenting the behavior manifested by the student participants before, during, and after the intervention and likewise monitoring how the participants applied their learned skills on managing emotions to overcome their depression and anxiety. There were 6 (six) teachers involved in the conduct of the intervention sessions as presented in Table 1. They conducted it MWF (Monday, Wednesday, and Friday) for one and a half hours from 3:30 to 5:00 in the afternoon. This schedule was temporarily arranged by the school for this purpose. The parents scheduled their sessions at home TTh (Tuesday and Thursday) from 6:00 to 7:30 in the evening.

The sense of support of the school, family, and community was felt by the student participants thus, making them feel comfortable, safe, and confident that they can overcome their depression and anxiety. This was evident in the reflection notes that they made after every intervention session. This relates to the Overlapping Spheres of Influence Model that emphasized how the school, the family, and the community could work collaboratively to influence the development and learning of children (Epstein, 1997). The participation of the barangay health workers represented the community and its concern for the welfare of the student's well-being as a member of the community. Sharing time was also done during the intervention sessions. The participants were encouraged to share their thoughts and feelings during the lesson activities. The observation checklist for teachers and parents was accomplished daily. Each session ended with a reflection activity where the student participants were given an opportunity to breathe freely, feel, reflect, and think of positive ways how they can cope with their depression and anxiety. They were given extension time on a weekend to complete their reflection activity and likewise for the parents to capture significant behaviors of their children in their observation reports.

The gain revealed in the post-self-assessment and-parent observation ratings has proved that the use of collaborative intervention has a significant impact in reducing the depression and anxiety of students with learning difficulties. The teachers also reported improvement in students' participation in class discussions and social skills. With this, the problem presented in this study was resolved. In addition, the school heads, parents, and barangay health workers stated in the interview with them that the school-family-community working relationships have improved after their engagement in this study.

### 5.1 Numerical Results

Aside from the presented data in Table 2, the data on teachers' and parents' observations of the participants' behavior before, during, and after the implementation of the intervention are also presented in Table 3.

Table 3. The Teachers' and Parents' Observations of Participants' Behavior

Participants' Behaviors	Before the Intervention				During the Intervention		After the Intervention			
	Number and Percentage of Student-Participants Observed with a Particular Behavior				No of Student-Participants Observed		Number and Percentage of Student-Participants Observed with a Particular Behavior			
	Teacher	%	Parent	%	Teacher	Parent	Teacher	%	Parent	%
Sad/Emotional	6	20%	8	27%						
Quiet /Sad	7	23%	2	7%						
Lacking energy/Always tired Feeling sick/with body pains	7	23%	8	27%						
Restless/Worried/Anxious	6	20%	8	27%						
Talkative/Noisy	1	3%								
Aloof/Wants to be alone	3	10%	2	7%						
With poor appetite			1	3%						
Always busy doing things			1	3%						
Calm/Relax							8	27%	7	23%
Happy/Cheerful/Jolly							12	40%	14	47%
Mingles with others							2	7%	3	10%

Feels relief							7	23%	3	10%
Improves appetite									3	10%
Coping					30/100%	30/100%	1	3%		
<b>TOTAL</b>	<b>30</b>	<b>100%</b>	<b>30</b>	<b>100%</b>			<b>30</b>	<b>100%</b>	<b>30</b>	<b>100%</b>

The observation checklist for teachers and parents was used to validate the results of the pre-and post-self-assessments and to monitor how the intervention affects their behaviors. The upper portion of Table 3 shows the observed behaviors of student participants prior to the conduct of the intervention, while the lower portion presents the observed behaviors after the intervention has been conducted. It was noted that before the implementation of the intervention plan, 23% of the participants were observed by the teachers as lacking energy, always tired, feeling sick, quiet, and sad; 20% were restless, worried, and anxious; 10% preferred to be alone and 3% or 1 student was observed talkative or noisy. On the other hand, parents had observed 27% of the participants as sad and emotional, lacking energy, feeling sick with body pains, restless, and anxious; 7% were sad, quiet, and wanted to be alone; and 3% or 1 participant was observed with poor appetite.

There was one parent who was in denial of his child's condition at the start of the intervention and reported that his child is industrious, always busy doing things, and had no manifestation of depression and anxiety. After the teacher had shown to him the result of his child's self-assessment, he was able to realize that his child really needs help. During the conduct of the intervention, 100% of the participants were observed coping with their depression and anxiety by both the teachers and parents. After the conduct of the 2-week intervention, the teachers and parents have similar observations. Most participants were observed as happy, cheerful, and jolly. 27% and 23% respectively were noted as calm, relaxed, and felt relief. 7% to 10% showed improvement in appetite and social skills. There was only one student reported by the teacher as still in the process of coping. Based on an interview with the teacher, the said student requested to extend the conduct of the intervention session because it makes her feel happy and relaxed. On the other hand, her parent reported that she manifested already calmness and feeling of relief after the interventions.

The need for support and intervention of the student participants to overcome their depression and anxiety was confirmed by the observation reports of the teachers and parents. It was noted in the report that there were instances in which the way parents perceived their children's emotions was far different from what their children really felt. The same finding was also revealed in the mean scores of the parents' pre- and post-observation ratings, thus making the statistical data and observation checklist results consistent. Furthermore, the teachers reported that the student participants have improved in terms of their participation in class discussions and social skills.

## **5.2 Graphical Results**

The graphical presentation of the pre-and post-test results of the students' self-assessments and parents' observation reports is shown in Figure 1.



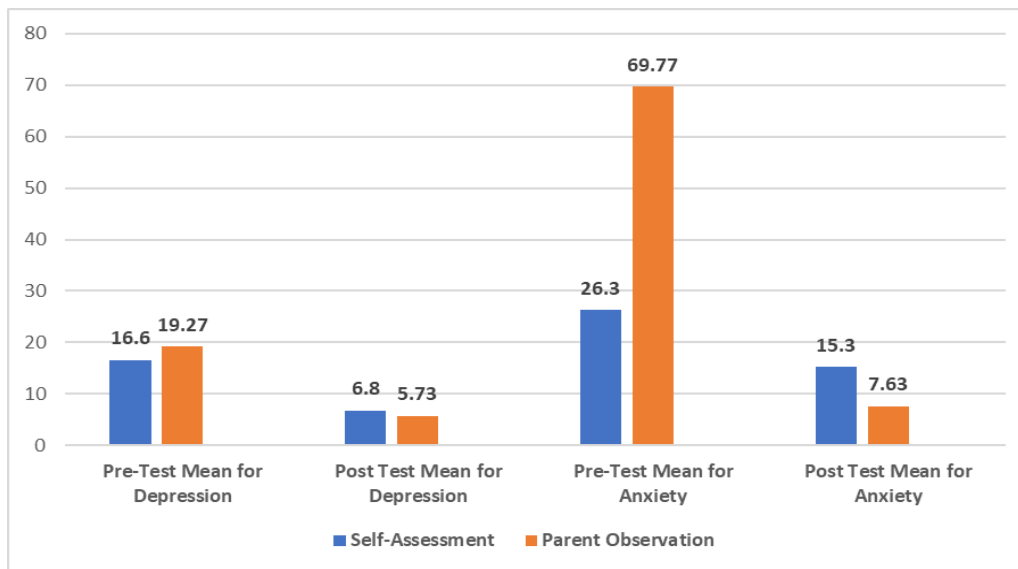


Figure 1. Graphical Presentation of the Pre and Post-Test Results of Students' Depression and Anxiety

Figure 1 shows the graphical presentation of the pre-and post-self-assessments and parents' observation ratings for participants' depression and anxiety. Self-assessment pre-test scores have means of 16.60 and 26.30, respectively. Posttest scores were found to be lower with means of 6.80 for depression and 15.23 for anxiety. On the other hand, the pretest scores of parents' observation ratings for their child's manifestation of depression had a mean of 19.27 while anxiety had a mean of 69.77. During the posttest, depression had a mean of 5.73 while anxiety had a mean of 7.63. This implied a significant gain in the posttest over that of the pretest. Even though the parents overrated their children's depression and anxiety, both were shown an upward trend during the pre-test. After the 2-week collaborative intervention, post-self-assessment, and parents' observation rating both revealed a downward trend or below the borderline on the scale. Friedman tests were conducted to determine if there are statistically significant differences among the group of scores. Among students' self-assessments, results showed statistically significant differences between pretest and posttest scores for anxiety ( $p < 0.001$ ), and depression ( $p < 0.001$ ). The parents' observation ratings also showed statistically significant results,  $X^2(3) = 86.7, p < 0.001$ . Pair-wise comparisons showed statistically significant differences between pretest and posttest scores for both depression ( $p < 0.001$ ) and anxiety ( $p < 0.001$ ).

In addition to differences between pretest and posttest scores for depression and anxiety, a series of Wilcoxon rank tests were conducted to determine statistically significant differences between children's self-assessments and their parents' observation ratings. Parents were found to rate their children higher than the children would rate themselves in the pretest for depression ( $W(29) = 76.5, p = 0.007$ ) with a moderate effect size ( $d = -0.595$ ), and anxiety ( $W(29) = 0.0, p < 0.01$ ) with a large effect size ( $d = -1.00$ ). At the post-test, no difference was found between ratings for depression, but parents were found to rate their children lower in terms of anxiety than their children would rate themselves,  $M(29) = 439, p < 0.001$ , with a large effect size ( $d = 0.88$ ).

### 5.3 Validation

Aside from the literature review, the use of other significant perspectives in improving the process and content of the intervention tool was employed in this study. The intervention activities were tried out and implemented on six learners with intellectual disabilities in three separate elementary schools with the help of special education teachers, values education or guidance teachers, and parents. Triangulation was conducted in processing insightful feedback from SPED teachers, guidance teachers, and parents thus, contributing a lot to the refinement of the intervention tool.

## 6. Conclusion

The manifestation of depression and anxiety is common to learners at the secondary level, more so to those with learning difficulties. Schools should have a way of helping them and providing them at once with appropriate and effective interventions. Valid and reliable tools to assess the symptoms of depression and anxiety among students are necessary. A school's harmonious working relationship with parents and the community is a good way of knowing what the students are going through in life and how they could work together to help them overcome their depression and anxiety.

The gain revealed in the post-self-assessment of students and-parent observation ratings have proved that the use of collaborative intervention has a significant difference in reducing the depression and anxiety of students with learning difficulties. The participation of students in class discussions and social skills were also improved as reported by the teachers. In addition, interviews with the school heads, parents, and barangay health workers revealed an improvement in the working partnerships of the school, family, and community. They confirmed that they were able to establish good camaraderie and with that, they feel more comfortable working with one another. Parents likewise reported that their relationships with their children improved, and their family bonds become stronger after their engagement in this study. In conclusion, the objectives presented in this study are achieved. The proposed and conducted intervention is effective. Valid and reliable tools, appropriate intervention, systematic processes, and strong collaboration are the key factors for this undertaking.

It is hoped that more students will be benefited from this study not only those with learning difficulties but all students in general. The Department of Education, along with the Department of Health and the Local Government Units should work together in providing necessary psychological support and services to schools. Necessary funds from the government should be allocated for this purpose. Institutions or offices should establish a caring and family-like working environment to promote mental wellness among workers and employees thus, creating an impact on the quality of services and wholesome dealings with the clientele. This mental health practice, in a way, would create a ripple effect in the community and the family where the adolescents belong. Further studies on reducing and managing depression and anxiety among other groups of students or individuals are encouraged.

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## Biographies

**Jean Rosare-Baloloy** is a Public Schools District Supervisor of the Department of Education, Region 5, Schools Division Office of Albay, Philippines. She finished her baccalaureate and postgraduate studies at Bicol University, Legaspi City. She was a recipient of a scholarship program of the Department of Education for Organization, Administration, and Supervision of Special Education (OAS-SPED) at the Philippine Normal University, Manila in the year 2011 to 2012. She is the designated Division Focal Person for Special Education in the Division of Albay from 2015 to the present. She is also one of the trained CI (Continuous Improvement) Masters in the Department of Education, Region 5, and currently serves as a consultant for school teams undertaking projects on improving processes and practices in the workplace.

**Rodel E. Pancho** is an Education Program Supervisor of the Department of Education in the Sorsogon Province Division. He is handling the Technical Livelihood Education and the Technical Vocational Livelihood program for Junior High School and Senior High School. He is currently the coordinator of the Joint Development Voucher Program of DepEd and Coordinator of the Immersion Program of the Senior High School Technical Vocational Livelihood Track. He was formerly a member of the board of directors of the Bicol Foundation for Higher Education and Vice President of the Sorsogon Association of Technical Vocational Institutions from 2002-2007. He served as the director of Research and Planning and at the same time member of the team of Vice Presidents at St Louise de Marillac College of Sorsogon from 2005-20012. He also served as the Campus Director of St. Anthony Academy, Gubat Sorsogon from 2007-2012. He finished his doctorate degree at Bicol University, Legaspi City.