Adapting an Evidence Based Burnout Intervention for Special Educators

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BACKGROUND

• Special education teacher attrition and retention is an unsolved problem
• Attrition creates financial burdens for schools, decreases organizational stability, lowers productivity, and is associated with poor student outcomes (McLeskey & Billingsley, 2008).
• Burnout is a primary cause of attrition and has been indirectly linked to poorer student IEP goal attainment through lower teacher engagement and student engagement (Wong, Ruble, Yu, McGrew, 2018).

Methods:

Incorporate coping/renewal and wellness approaches
Interventions targeting burnout may decrease attrition and increase student outcomes.
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Attrition creates financial burdens for schools, decreases organizational stability, lowers productivity, and is associated with poor student outcomes. (McLeskey & Billingsley, 2008).

OBJECTIVES

• To describe the process of adapting BREATHE-EASE (Evidence-Based Activities for Educators) for special education teachers

BREATHE conceptualizes burnout as a stress-related, mental health concern

What is B.R.E.A.T.H.E?

To identify personal warning signs and triggers
• Incorporate coping/renewal and wellness approaches
• Adopt burnout prevention principles
• Practice strategies and exercises
• Develop personal plan/toolkit based on individual needs

Focus Group Questions

What is the cause of burnout?
• Interactions with parents
• Lack of understanding and support from administrators
• Constant crisis management
• Paper work; Teachers spread too thin; Teachers have to teach other teachers
• Constantly evolving expectations or rules
• Accountability to scores
• Lack of respect from general education teachers

What are helpful approaches to reduce burnout?
• Teach how to have difficult conversations with parents
• Better manage time
• How to disconnect from work
• More support from other special education and general education teachers and from administration
• Have better relationships with students
• Realistic expectations around special education from administrators
• At least some in-person training
• A multi-modal approach: online or app-based approaches + an in-person workshop
• Administrators could also benefit from their own training in how to better support teachers

What is the best format to deliver a burnout intervention?
• There is stigma around self-reflection or asking for help; Teachers expressed a fear of repercussions if they admit they are burned out
• A lack of time, mental resources to add more commitments, and resources to cover people within school hours
• Too much training/professional development required already and no one wants to socialize outside of work

What are potential barriers to implementing an intervention?

How do we adapt BREATHE for Teachers?

Phase 1 Focus Groups
• Four focus groups (2 for teachers, 2 for administrators) in two states, Nspecial ed teachers = 15; Nadministrators = 15 generated answers to semi-structured questions

Phase 2 Work Groups
• Four work groups (Nworkgroup = 9), including teachers and administrators meeting online through Zoom, reviewed and validated focus group results
• The focus groups lasted about 1 hr and were recorded and transcribed.
• An initial codebook was created from themes derived from the literature on burnout. All codes were cross-checked against themes appearing in a preliminary reading of all transcripts. Discrepancies in codes were discussed until consensus was met.
• Based on focus group results, we revised BREATHE to meet the needs of special education teachers. Identified revisions were shared with work group. Work groups confirmed adaptations and integrated suggestions expressed by focus group participants.
• Work group’s feedback was used for further revisions.

Phase 3 Adaptation

Pilot Study

DISCUSSION

• Using a multi-phasic approach, we adapted an evidence based burnout intervention, BREATHE to target and be responsive to the needs of special education teachers.
• The methods applied in this study may be helpful for other studies adapting EBPs.
• Future directions include an initial pre-post pilot test of the adapted intervention followed by further refinement and final testing in an RCT.

References


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BREATHE Modules Adaptation

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<th>Common Themes</th>
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<td>Ideally, our training should involve a teacher as a facilitator for credibility and buy-in</td>
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Mod 1: Core contemplative practices - Keep; Adapt content specific for special education teachers

Mod 2: Cognitive practices - Keep; Adapt content specific for special education teachers; Spend more time on principles of cognitive-behavioral approaches and coping strategies

Mod 3: Physical strategies - Integrate into contemplative practice and time management

Mod 4: Time management approaches - Reduce emphasis on scheduling, increase focus on setting boundaries; adapt content specific for special education teachers

Mod 5: Building social support - Create a network opportunity to build social support virtually; increase emphasis on communication with administrators and parents

Structure: Include initial face-to-face training, followed by online booster sessions

Enhancements:
- Online peer-to-peer support
- Webinars for administrators on ways to support teachers and reinforce the skills learned in BREATHE-EASE

Acknowledgements