SPECIAL EDUCATION TEACHER BURNOUT AND ACT

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Special educators are a high risk group, prone to low job satisfaction, low self-efficacy, and increased stress and burnout. The attrition rate of special educators is particularly high, contributing to an overall shortage of qualified teachers throughout the United States. While the problems of special educators are widely discussed in the literature, scant intervention research has targeted this population, and what has been done suffers from design limitations, lack of a guiding theoretical framework, and a focus on symptom reduction, rather than mediating psychological processes. Acceptance and commitment therapeutic (ACT) interventions hold promise for addressing special education teacher burnout.

In 2006, more than 5.5 million children between the ages of six and seventeen received special education services in the United States (Data Accountability Center, 2007), requiring more than 400,000 special education teachers to address the needs of these children (Data Accountability Center, 2006). Special education teachers are specialized in their training and account for approximately 10% of public school teaching personnel. Many entered their chosen field due to a personal value of helping others and making a difference in the lives of children with special learning needs (Crutchfield, 1997). Help is indeed needed. Children with special needs are at an increased risk for academic failure, depression, anxiety, and experience lower peer acceptance compared to their non-disabled peers (e.g., Bussing, Zima, & Perwien, 2000; Cook & Semmel, 1999; Maag & Reid, 2006; Sideridis, Mouzaki, Simos, & Protopapas, 2006). Ironically, those who are professionally committed to helping high risk children are themselves a high risk group. Special educators have been in short supply for more than two decades. Ten percent of currently employed special education teachers are not fully certified. The use of noncertified special education teachers is noted in 47 states in the U.S. (Data Accountability Center, 2006). Trained professionals are increasingly needed; more children are diagnosed each year, yet the attrition rate of special educators is the highest among any other teacher group – more than 13 percent annually (Boe, Cook, Bobbitt, & Terhanian, 1998). Problems with attrition is thought to be a major source of current shortages in the field (Boe, Cook, Bobbit, & Weber, 1995)

Numerous factors are linked to the high attrition rates of special educators, including professional stress due to student-teacher characteristics and workplace manageability. Special education teachers are chronically faced with the arduous task of teaching challenging student populations in the context of demanding working environments. This is especially true for teachers of students with emotional or behavior disorders (Wisniewski & Gargiulo, 1997). Teachers of these students have reported concerns with student discipline (Lawrenson & McKinnon, 1982) and fears of physical and verbal abuse (Johnson, Gold, & Vickers, 1982). Special education teachers are also faced with the challenge of teaching students with multiple disabilities, classrooms with students representing a range of disabilities, and increasingly high case loads. A study by Kaff (2004) of special educators who were considering leaving their field found that 57 percent cited student caseload and a broad range of disabilities within their caseloads as contributing factors. Paperwork and regulatory issues are also linked to the attrition rate of special educators, even after controlling for other variables (SPeNSE, 2002). Paperwork demands were described as *a bureaucrat's worst nightmare* (Kaff, 2004). Some have indicated spending as much time on paperwork as lesson planning (Paperwork in Special Education, 2002). A study by Morvant, Gersten, Gillman, Keating, and Blake (1995) found that 68 percent of special educators did not have enough time to do their work.

Burnout
Burnout Defined
High attrition rates are also associated with burnout (Billingsley, 2004), a product of chronic situational stress (Maslach, Jackson, & Leiter, 1996; Maslach & Schaufeli, 1993) and personal investment (Pines, 1993). Burnout has been described as *a progressive loss of ... energy and purpose experienced by people in the helping professions as a result of the conditions of their work* (Edelwich & Brodsky,1980; p.14), *a state of fatigue or frustration brought about by devotion to a cause* (Freudenberger & Richelson, 1980; p.13), and *the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems* (Maslach, 1982; p.3). While bearing subtle differences, each of these definitions suggest that burnout is more than a general stress reaction. Rather, burnout happens when situational stressors interfere with the ability to experience meaning through one's work (Pines, 1993). In the case of special educators who are committed to the personal and academic growth of their students, burnout may occur when these teachers feel encumbered by job demands, and believe that challenges in their work environment impede the ability to accomplish their professional goals.

Maslach and Jackson's definition of burnout is most widely used in the literature. Burnout is *a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind* (1986, p.1). Emotional exhaustion occurs when one feels overextended, drained of emotional resources, and lacking in physical and emotional energy. Emotional exhaustion may include a *loss of feeling and concern, a loss of trust, a loss of interest, a loss of spirit* (Maslach, 1982, p.32). It is not a consequence of boredom from tedious, monotonous work. Instead, emotional exhaustion is the result of being invested in one's work and experiencing a toll on one's personal resources over a period of time (Maslach, 1993). Special education teachers experiencing emotional exhaustion may experience a lack of energy, diminished motivation, dread going to work, invest less of themselves with their students, and respond formulaically rather than flexibly. Depersonalization, the second component of burnout, is an attempt to protect oneself from exhaustion through a psychological distancing from others (Maslach & Leiter, 1997). It is a shift in how one relates to others, whether through cold indifference, cynicism, callous disregard, loss of idealism, irritability, or negative attitudes toward others. Depersonalization is a means of avoiding individuals whose needs and demands are experienced as overwhelming (Maslach, 1982, 2003). In the classroom, depersonalization may interfere with collaborative working relationships between teacher/student, teacher/parents, teacher/colleagues, and teacher/administration. Students may be seen more as diagnostic categories than individuals. Teachers may become less willing to engage with parents whom they perceive as overly demanding. They may also become more reluctant to work through difficult collegial and administrative relationships and policies. The third component of burnout is a reduced sense of personal accomplishment. This aspect of burnout involves a shift in self appraisal where feelings of inefficacy and negative self evaluations arise (Cordes & Dougherty, 1993). Teachers experiencing a diminished sense of personal accomplishment may feel less competent, less productive, and experience guilt. They may even feel that they are losing ground professionally and doubt their effectiveness in the teaching field.

Costs of Burnout
Significant costs arise from burnout, both to the individual educator and the education system. There is some evidence to suggest that health risks are associated with burnout. These include chronic fatigue, recurrent flu, infections, colds, and headaches, among others (Cordes & Dougherty, 1993). Burnout also affects one's general well being. It is associated with decreased job satisfaction (Breward & Clippard, 2002), is correlated with intent to quit (Maslach, Jackson, & Leiter, 1996), and predicts attrition (Drake & Yadama, 1996; Jackson, Schwab, & Schuler, 1986). Burnout interferes with special educators' value of helping high risk children. Teachers may lose sight of their professional motivations and may instead feel ineffective, overwhelmed, or embittered. For those who decide to leave the field, or transfer to a general education classroom, burnout also costs the educator a loss of specific training and perhaps a loss of initial career plans and goals (Boe, Bobbitt, & Cook, 1997).

System costs associated with burnout include absenteeism (Pullis, 1992), reduced job commitment (Billingsley & Cross, 1992; Leiter, 1991), decreased job performance (Wisniewski & Gargiulo, 1997), and increased rates of turnover. More than 98 percent of school districts in the United States report shortages of special educators (Bergert & Burnette, 2001). Shortages are most notable for students with emotional disturbance (ED), behavior disorder (BD), severe disabilities, learning disabilities (LD), mild/moderate disabilities, severe/profound disabilities, and students with multiple disabilities

(American Association for Employment in Education, 2007). Special education teachers are more likely to depart than any other teacher group (Boe, Bobbitt, & Cook, 1993; Ingersoll, 2001). The most likely groups to leave are younger teachers and teachers nearing retirement (Billingsley, 2002). This is doubly problematic. The system loses professionals with the most potential longevity in the field and those with the most experience. The cost of specialized training to the system is substantial, and may account for the high percentage of non-certified teachers within special education today.

In sum, the occurrence of stress and burnout is well documented, with more than 20 years of data defining the problem, documenting individual and systemic costs, and forecasting its continued persistence. The bulk of the research is limited to self-report surveys and suggestions for intervention. Despite a clear call to reform, however, there is a paucity of intervention research. Of the existing published interventions, few focus on the problem of job stress and burnout among special educators. Stress management research in the general education literature however, does offer insight for possible solutions to the problem.

Stress Intervention Research with Teachers
There are several different types of interventions used to target job stress, burnout, and attrition for educators. Mentoring studies typically focus on pairing a beginning teacher with one who is more experienced in an effort to reduce job stress, expedite adjustment, increase collegial support, and decrease attrition rates (Hauser & Zimmerman, 1996; Kennedy & Burstein, 2004; Odell & Ferraro, 1992; White & Mason, 2006). Stress management groups rely on cognitive behavior techniques and focus on developing coping skills to actively combat stress (Cecil & Forman, 1990; Cheek, Bradley, Parr, & Lan, 2003; Forman, 1982; Jenkins & Calhoun, 1991; Sharp & Forman, 1985). Meditation training (Anderson, Levinson, Barker, & Kiewra, 1999; Winzelberg & Luskin, 1999) and multiple treatment components also aim to reduce stress and burnout. Studies utilizing multiple treatment components vary by study, and include counseling, hypnosis, rational emotive therapy, relaxation, nutrition, exercise, electronic networking, and staff development workshops, among others (Bamford, Grange, & Jones, 1990; Bertoch, Nielsen, Curley, & Borg, 1989; Westling, Herzog, Cooper-Duffy, Prohn, & Ray, 2006). General benefits garnered from existing interventions include stress reduction (Anderson et al., 1999; Bertoch et al., 1989; Cecil & Forman, 1990; Forman, 1982; Sharp & Forman, 1985; Winzelberg & Luskin, 1999), decreased symptoms of burnout (Cheek et al., 2003), reduced attrition rates (Kennedy & Burnstein, 2004), and increased feelings of personal accomplishment (Cheek et al., 2003). However, despite these encouraging results, significant limitations abound.

Design limitations.
Of the various interventions for stress, burnout, and attrition in teachers, overarching design limitations exist. Small sample sizes ranging from eight to 25 are observed (Bamford et al., 1990; Bertoch et al., 1989; Cecil & Forman, 1990; Cheek et al., 2003; Forman, 1982; Winzelberg & Luskin, 1999) and may interfere with the ability to detect treatment gains. For example, Winzelberg and Luskin (1999) measured stress, anxiety and self-efficacy following a four-week-long meditation training. Fifteen participants comprised the treatment and the control groups. As hypothesized, stress levels decreased in the treatment group, however, anxiety and self-efficacy scores did not significantly improve. These findings may more accurately reflect low power than inefficacy. Similarly, a decrease in self-reported stress was observed in Cecil and Forman's (1990) treatment group (n=17). Contrary to previous research, however, no significant change was noted in teacher classroom anxiety. Again, this unexpected finding may be an artifact of low power.

Inadequate treatment fidelity is also of concern. In a review of treatment integrity in educational research, Smith, Daunic, and Taylor (2007) stressed the importance of training and treatment delivery. These areas are of concern in some of the research on teacher stress, burnout and attrition. Methods were often vaguely outlined. For example, numerous studies failed to mention the number of service providers used, the qualifications of service providers, or the process of training them in the study protocols (Cecil & Forman, 1990; Cheek et al., 2003; Forman, 1982; Kennedy & Burstein, 2004; Sharp & Forman, 1985; White & Mason, 2006). Interviews and transcripts were analyzed with no mention of interrater reliability (Brownhill, Wilhelm & Watson, 2006), and no information was provided with regard to treatment adherence (Anderson et al., 1999; Cecil & Forman, 1990; Cheek et al., 2003; Forman, 1982; Kennedy & Burstein, 2004; Sharp & Forman, 1985). At times, flexibility of implementation was stressed over treatment adherence. For instance, Bamford et al. (1990) offered a stress management course and apparently allowed the treatment providers to create their own *warm and welcoming atmosphere* for the course. One provider used a room at a local teachers' center, while

another *with an interest in suggestapedic techniques of supporting learning* used music *designed for relaxation purposes.* Furthermore, in light of these differences, it does not appear that Bamford and colleagues examined potential outcome differences between providers. This lack of standardization is a threat to internal validity. White & Mason's (2006) multi-school district mentoring program allowed for flexibility in the *frequency and type of in-service training provided, type of compensation offered to mentor teachers, and the degree of building administrator involvement* so that each district might focus on their own individual situations. While accommodations like these are conducive to real world settings and the demands facing schools (e.g. calendar planning, budgets), treatment variance introduces noise into an experiment that may confound results.

Without exception, stress and burnout interventions focus on symptom reduction (e.g. less stress, less burnout, lower attrition rates). Some studies look exclusively at symptom reduction (e.g. Anderson et al., 1999; Bamford et al. 1990; Bertoch et al., 1989; Cheek et al., 2003) rather than also promoting and measuring constructive variables. Several interventions, however, have focused on broader variables promoting behavioral effectiveness like job satisfaction (Cecil & Forman, 1990) and self-efficacy (Winzelberg & Luskin, 1999). In their qualitative study, Westling et al. (2006) discussed benefits attained by participants such as increased collegial interactions and support, improved feelings of personal and professional competence, and increased empathy and broader perspectives of one's own situation. Other constructive variables that may relate to the experience of stress and burnout may also include general health functioning, general well-being, job commitment level, values-consistent behavior, and work vitality, among others.

Theoretical limitations.
In addition to limitations of research design, interventions for teacher stress and burnout are largely without a guiding theoretical framework. This is especially true for several multi-component studies. For example, Bamford et al. (1990) designed a treatment encompassing elements of counseling, rational emotive therapy, and hypnosis, yet failed to clearly state how these approaches are specifically related to stress and burnout. Likewise, Westling et al. (2006) offered a variety of support services, but did not specify a rationale for the selection of treatment components. Bertoch et al. (1989) pointed to the importance of treating stress through a holistic approach by incorporating *all processes previously found to be effective in reducing teacher stress.* It is unclear, however, how each of the treatment elements (relaxation, breathing, meditation, mindfulness, psychoeducation, nutrition, and exercise) interact to combat teacher stress. Theory serves to anchor individual research studies to a bigger picture. It functions as a guide wherein one may adapt current knowledge to new situations, develop new interventions, and help organize and incorporate large amounts of information (e.g. Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Kazdin, 2003). By failing to account for theorized mechanisms of change, research becomes focused on outcomes to the exclusion of processes, and limits the ability to generalize outcomes to other areas of research.

Existing interventions of job stress and burnout in teachers also target the content and occurrence of private experiences (e.g. thoughts and feelings) rather than their function. For example, stress inoculation interventions (Cecil & Forman, 1990; Cheek et al., 2003; Sharp & Forman, 1985) targeted *irrational* beliefs and *inappropriate* emotions and attempted to replace them with prepared *stress scripts* that offer new cognitive, emotional and behavioral responses to stressful situations (Cecil & Forman, 1990). Likewise, Bamford et al. (1990), through rational emotive therapy (RET), linked the occurrence of stress to *faulty* perceptions of one's situation, and attributed the solution to *replacing (perceptions) with more sensible ideas.* This line of reasoning presumes that something is wrong with a teacher's private experiences. Yet, teachers face enormous responsibility, often in difficult circumstances. For example, a letter given to student teachers stated, *You are responsible for each child's learning. Don't let them down. Always be prepared...Always be patient... Show them lots of love everyday* (Bolton, 1997). These expectations, while well-intended, may be challenging to meet in the best of situations, and may set teachers up for feelings of inadequacy and failure. Additionally, with the organizational demands that special educators face (e.g. paperwork, caseload, heterogeneity of caseload) the task of being a special educator contains inherent stressors and demands. Some may think *No one in my class is learning* (Farber, 1998), and feel *(I) am on (my) own* (Britt, 1997) or *It's just too much* (Academy for Educational Development, 1995). Thus, when considering the job demands and climate in which many special educators work, perhaps certain held beliefs and feelings are not *irrational* at all. Perhaps feeling frustrated and overwhelmed are appropriate reactions to the enormous tasks and stressors in which these individuals teach. In light of difficult teaching conditions, it is normal to experience a range of emotions, and may be unrealistic to expect that negative thoughts

and feelings may (or even should) be eradicated. Therefore, with an understanding that negative thoughts and feelings will surface, especially within a stressful working environment, it may be more useful to target the function of these thoughts rather than their form. Rather than challenging the content of negative thoughts and feelings, it may be more useful to ask whether one's response to negative private events interferes with stated personal and professional goals and values.

In consideration of the challenges faced by special educators, the likely occurrence of negative thoughts and feelings, the consequent potential for distress due to job stress and burnout, and the personal dedication to helping special needs students, current interventions overlook two critical elements that are highly applicable to special educators: acceptance and values. A growing empirical base supports acceptance-based interventions such as dialectical behavior therapy (DBT; Linehan, 1993), mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002), and acceptance and commitment therapy (ACT; Hayes, Strosahl et al., 1999), among others. Of these, ACT uniquely focuses on values identification, values clarification, and behavioral decisions linked to personal values. Thus, the struggle faced by special educators, a population defined by the value of helping others, may be best re-conceptualized through an ACT treatment model.

Acceptance and Commitment Therapy
ACT is a descendant of behavior analysis, and stems from the philosophical roots of functional conceptualism and the language/cognition-based Relational Frame Theory (Gifford & Hayes, 1999; Hayes, Barnes-Holmes, & Roche, 2001). The overarching goal of ACT is to promote *psychological flexibility*, *the ability to contact the present moment more fully as a conscious human being, and to change or persist in behavior when doing so serves valued ends* (Hayes, Luoma et al., 2006, p. 7). Psychological flexibility is linked with improved quality of life, enhanced physical health, reduced emotional reactivity, and improved mental health in clinical and community samples (Cook, 2004; Donaldson & Bond, 2004; McCracken & Vowles, 2007; Sloan, 2004). In the workplace, psychological flexibility is associated with decreased stress, and increased well-being, mental health, job performance and job satisfaction (Bond & Bunce, 2000; Bond & Bunce, 2003; Bond & Flaxman, 2006; Bond, Flaxman & Bunce, 2008). To date, no literature offers a discussion of burnout from the lens of psychological flexibility. However, some of the key features of burnout suggest psychological *in*-flexibility. For example, individuals experiencing high levels of burnout are apt to psychologically distance themselves (depersonalization) and try to avoid the discomfort of the present moment. Their experience of depleted personal and emotional resources (emotional exhaustion) may interfere with the perceived ability to pursue meaningful goals and values (low sense of personal accomplishment). No studies have examined teacher stress and burnout from an ACT perspective; however in employment settings, ACT treatments are linked to reductions in stress and burnout. In a population of counselors with high job demands, few resources, and little agency support, ACT treatment was associated with a reduction in personal biases and symptoms of burnout (Hayes, Bissett, Roget, Padilla, Kohlenberg, Fisher et al., 2004).

Experiential Avoidance
One key process within the ACT model that interferes with psychological flexibility is experiential avoidance. Experiential avoidance is an unwillingness to come into contact with negative private events (e.g. thoughts, feelings, bodily sensations, memories, etc.) and any attempt to avoid or control the content and frequency of these experiences (Chawla & Ostafin, 2007; Hayes & Gifford, 1997; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Experiential avoidance may include the psychological distancing that is characteristic of the depersonalization component of burnout. For example, teachers may distance themselves by viewing students as objects, or adopt a callous disregard for others around them (Maslach, Jackson, & Leiter, 1996). Experiential avoidance may result from a variety of thoughts and feelings with respect to the workplace. For example, teachers may feel unappreciated and devalued at work, feel unqualified and overwhelmed, and have thoughts such as *I am ineffective*; *I refuse to play the hero anymore*, and *I get no respect* (Farber, 1998). Experiential avoidant responses to these experiences might involve spending great amounts of time and energy trying to *fix* a thought through *thinking positive*, arguing with or challenging thoughts, attempting self distraction, attempting to actively manage stress, and even transferring to a general education classroom or abandoning a chosen career. Teachers who spend increasing amounts of time and resources to change their thoughts and feelings may begin to deplete their personal resources and distract themselves from personal values such as helping students, making a difference, and professional development/growth.

Attempts to control undesirable private events may work in the short term. Rationalizing thoughts and distraction may even be helpful at times. However, evidence suggests that efforts to repress undesired thoughts may be unworkable and even counter productive. Initially, thought suppression appears to work. When asked to block out certain thoughts, individuals in thought suppression groups reported thinking less about the target stimulus compared to control groups. While these results seem promising for the effectiveness of suppression, post-suppression rebound effects have been observed in numerous studies (Clark, Ball & Pape, 1991; Wegner & Gold, 1995; Wegner, Schneider, Knutson, & McMahon, 1991; Wenzlaff, Wegner, & Klein, 1991). Efforts to eradicate unwanted thoughts, in fact, only seemed to make them more accessible and led to increases in the unwanted thoughts especially in times of stress (Wegner, 1994). Considering the chronic environmental stressors in the education system, this data is especially relevant for teachers and suggests that efforts of cognitive avoidance may only amplify negative thoughts that may arise.

Similar results are also observed with regard to emotion suppression, another type of experiential avoidance. When experiencing stress, individuals were unable to control their emotions and even reported a reverse effect and experienced moods in an unintended direction (Wegner, Erber, & Zanakos, 1993). High emotional suppression is linked to increased experiences of negative emotions and fewer experiences of positive emotions (Gross & John, 2003). It is also associated with higher levels of anxiety and affective distress (Feldner, Zvolensky, Eifert, & Spira, 2003; Levitt, Brown, Orsillo, & Barlow, 2004), higher levels of panic and fear (Karekla, Forsyth, & Kelly, 2004), impaired interpersonal functioning, and a decreased sense of well being (Gross & John, 2003).

The literature on thought suppression and emotion regulation underscores the futility of experiential avoidant behaviors. As indicated by this body of literature, control is the problem, rather than the solution (Hayes, Strosahl et al., 1999). ACT proposes a radically different approach to suffering caused by the avoidance of unwanted private events. Rather than attempting to rid oneself of negative thoughts and feelings, suffering is reduced through acceptance and a focus on valued living.

Acceptance
In ACT, the suffering associated with experiential avoidance is targeted through an emphasis of acceptance and valued living. Acceptance is defined as a willingness to experience private events fully, without attempt to alter or otherwise control their frequency or form, especially when these attempts cause psychological harm (Fletcher & Hayes, 2005). Acceptance is not a passive resignation to pain and suffering. Rather, within the ACT framework, pain and discomfort are viewed as normal, unavoidable consequences to being human. Although it is not possible to eradicate the content or occurrence of undesirable private experiences, it is possible to reduce suffering through acceptance. Without acceptance, individuals may create additional discomfort through their efforts to control undesirable thoughts and feelings. Hayes, Strosahl, and Wilson (1999) make a distinction between *clean* and *dirty* discomfort. Clean discomfort includes negative thoughts and feelings that arise from difficult situations and environments. Dirty discomfort stems from attempts to control negative thoughts and feelings. In the case of special educators, negative thoughts and feelings are logical responses to an overtaxed educational system (clean discomfort). Additional discomfort may arise when educators expend their already limited time and resources toward managing negative thoughts and feelings (dirty discomfort). Dirty discomfort may account for the experience of burnout. Individual attempts to manage negative thoughts and feelings may place an additional burden on personal and emotional resources, and actually increase emotional exhaustion. Efforts to avoid disturbing thoughts and feelings as a means of managing stress may only deepen the experience of depersonalization. Self judgment with regard to frustrations and feelings of inadequacy may lead to rigid, persistent feelings of inefficacy. Emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment may be appropriately targeted through acceptance methods.

Acceptance is particularly indicated when change to external stressors is unlikely (Hayes, Bunting, Herbst, Bond, & Barnes-Holmes, 2006). No research has examined acceptance with special educators, however work-site interventions have shown promising results. Bond and Bunce (2000) conducted a work-place intervention designed to promote psychological acceptance of unpleasant thoughts and feelings. Improvements were noted in general medical health, depression scores and workplace innovation. Likewise, a 4-hour ACT intervention targeted workers at risk of disability leave and/or early retirement due to chronic stress and pain. Results indicated that individuals participating in the ACT intervention used significantly fewer sick days and medical resources compared to the treatment as usual group (Dahl, Wilson, & Nilsson, 2004).

Mindfulness.

Mindfulness is a means of promoting acceptance. The goal of acceptance is to experience all private events without attempting to control their occurrence. Mindfulness promotes a non-evaluative awareness of, and contact with, the present moment. For example, consider a teacher who has experienced months of emotional outbursts from a student. A mindfulness approach would lead the teacher to a full awareness of the situation. Perhaps the teacher experiences physical tension in her shoulders during these times. Corresponding thoughts and feelings might include, *here we go again*; *this will never stop*; *I want to walk away*; *I am frustrated* and *I am overwhelmed*, among others. Mindfulness exercises would lead the teacher to a non-judgmental awareness of these internal and external experiences. In so doing, the teacher would be less apt to fixate on undesirable experiences, and better able to focus on meaningful life goals and values. According to Kabat-Zinn (1994), *mindfulness provides a simple but powerful route for getting ourselves unstuck*, and connects individuals with the possibility of living a life of vitality. This is especially salient for special educators who have fallen prey to the significant challenges and situational stressors in their workplace, experience significant levels of burnout, and have consequently become derailed from their stated value of helping children.

Mindfulness stems from ancient Eastern practice of meditation, yet it is nonreligious. Kabat-Zinn (1994) defined mindfulness as *paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally* (p. 4). Mindfulness interventions have targeted individuals living with uncontrollable stressors. For example, McCracken, Gauntlett-Gilbert, & Vowles (2007) examined a hypothesized relationship between mindfulness and well being (emotional, physical and social) of individuals with chronic pain. Results indicated a relationship between mindfulness and reduced levels of pain-related distress, depression, pain-related anxiety and increased functioning in activities of daily living (e.g. work, school, family, and social life). No studies to date have examined mindfulness meditation with teacher populations, however a concentration-based meditation training for student teachers showed decreases in emotional and behavioral manifestations of stress (Winzelberg & Luskin, 1999). It should be noted, however, that concentration-based meditation is a different construct from mindfulness. Winzelberg & Luskin (1999) taught participants to use sound and mantra (the repetition of a word or phrase) as a focal point. Individuals learned to disregard distracting thoughts and feelings during meditation. In contrast, mindfulness meditation includes bringing awareness and attention to ongoing internal and external sensations. For example, a teacher might focus awareness on having the thought, *I am overwhelmed*", the feeling of frustration, or physical tension, among many other possibilities.

Valued Living

Through acceptance, individuals experience increased psychological flexibility. Personal resources that were previously allotted to the management and avoidance of painful life experiences become free to allocate toward living in accordance with one's personal values. Values are individually chosen life directions. They are the areas of life that personally matter. Commonly identified value domains include work, education, family, intimate relationships, parenting, friendship, recreation, spirituality, citizenship, and physical self-care (Wilson, Sandoz, Kitchens, & Roberts, in press). Values tend to persist and remain important over extended periods of time (Hayes, Strosahl et al., 1999). Once values are identified and clarified, goals may be developed that lead in the direction of stated values (Hayes, 2004). Values are distinct from goals. Goals move one toward a stated value. They are concrete in nature and can reach a point of completion. Unlike goals, values are abstract constructs. There is no definitive end point; a value is never complete or finished. For example, a teacher may value *making a difference in the life of a child* or *being a well regarded employee*. Goals in the service of these values may include teaching a child to read at grade level or meeting benchmarks on class standardized tests. Barriers to goal achievement, either internal or external, may also be present. Barriers may include fusion with negative thoughts and feelings, avoidant behaviors, or environmental hurdles. External challenges like class size and paperwork demands may be difficult to change, but barriers related to internal experiences may be targeted through acceptance. Undesirable thoughts and feelings may be more willingly endured, and ultimately become less invasive when one is anchored to personal meaning found through values. Values provide a more stable guidance for life direction than thoughts and feelings. They may motivate committed action and satisfaction in the presence of difficult circumstances, and even in the presence of undesirable thoughts and feelings.

Values provide an essential component for promoting job satisfaction in the midst of high-stress job demands. Research indicates that burnout is inversely related to job satisfaction (Cordes & Dougherty,

1993; Lee & Ashforth, 1996; Maslach & Jackson, 1981). Certainly, this relationship seems sensible; it is reasonable that individuals who feel emotionally drained, used up and frustrated with regard to their work will also experience low job satisfaction. However, Stalker, Mandell, Frensch, Harvey, & Wright (2007) discovered an unexpected relationship between the emotional exhaustion component of burnout and job satisfaction in a group of 220 child welfare workers. Seventy-six percent of participants scored in the moderate to high range of emotional exhaustion on the Maslach Burnout Inventory. Rather than reporting low job satisfaction, however, 90% of the participants indicated moderate to high job satisfaction.

The simultaneous occurrence of high emotional exhaustion and relatively high job satisfaction prompted Stalker and colleagues (2007) to review the child welfare literature for similar findings. Only a handful of quantitative studies assessed both emotional exhaustion and job satisfaction, and most were directed by different research questions. However, one study did note similar results. Silver, Poulin, and Manning (1997) indicated higher than expected job satisfaction concurrent with high levels of emotional exhaustion. Similarly, Anderson (2000) noted a high number of child protection workers who scored high on emotional exhaustion, but also scored unexpectedly high on feelings of personal accomplishment. Stalker and colleagues attributed these findings to a *sense of mission or commitment to the purpose of child welfare and to making a difference with children.*

Indeed, it appears that personal values may mediate the relationship between the emotional exhaustion component of burnout and job satisfaction, and may also impact job retention rates. According to Reagh (1994),

> *…participants all reported experiencing burnout at some level….(They) obviously get something for themselves from the work they do, yet they must remain ever vigilant lest they lose sight of the meaning and significance in their work and tip the balance to the other side. For them, burning out is just one small step away from staying.*

Landsman (2001) developed a causal model of organizational and occupational commitment. Service orientation was a significant predictor of job satisfaction and occupational commitment. Service orientation was described as an *altruistic need to serve others* or *a sense of calling* (p. 395; Landsman, 2001). Vinokur-Kaplan (1991) surveyed social workers one year post-graduation and noted job satisfaction among 66% of participants. Factors contributing to job satisfaction included work with clients (85%) and feelings of accomplishment (65%). Several qualitative studies have also explored factors related to job retention among social service workers. A number of the retention factors are consistent with personal values. These included: finding personal meaning through work, personal and professional commitment to one's occupation and one's clients, a desire to make a difference, a priority of working with children, a desire to help others, and a belief in the importance of child protection (Ellett, Ellis, Westbrook, & Dews, 2007; Reagh, 1994; Rycraft, 1994). According to one participant, *I'm dedicated and want to see these kids have a chance of making it. It may be the hardest job I have ever had, but it is also the most important job I will ever have.*

While the research on the possible relationship between burnout, job satisfaction, and job retention focused on child welfare workers, a number of similarities exist between this population and special education teachers. Both groups tend to work in stressful environments, juggle high caseloads, meet strict paperwork and regulatory demands, and work with at-risk populations. It appears that both groups also tend to place a high value on helping others. Additionally, although personal values have not been researched with regard to burnout, job satisfaction or job retention, existing research seems to support a relationship worthy of future research and discussion. To be clear, however, this information is not presented to suggest that individuals should be able to deal with job difficulties if they *care enough*, but rather to highlight the buffering effect that values may have on the experience of burnout, job satisfaction and job retention, and offer guidance with regard to intervention possibilities.

Conclusion
Special educators teach high risk children and, ironically, have become a high risk group themselves. They are prone to low job satisfaction, low self-efficacy, as well as increased stress and burnout. The attrition rate of special educators is particularly high, contributing to an overall shortage of qualified teachers throughout the United States. While the problems of special educators are widely discussed in the literature, scant intervention research has targeted this population. Stress management research in the general education literature has suggested some symptom alleviation through mentoring, stress inoculation, meditation and other multi-component approaches. These studies are limited in terms of

research design. In addition, the interventions are largely without a guiding theoretical framework, focus exclusively on outcomes rather than processes, and are eliminative rather than constructive in nature. Moreover, existing interventions miss two key elements that may be especially relevant to special education teachers: acceptance and values. Acceptance and commitment therapy utilizes intervention strategies that specifically target these elements, has proven successful in ameliorating burnout for those in other helping professions that share similar job characteristics, and offers promise for addressing special education teacher burnout.

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