



## Resource Article

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ISSUE  
EI PROVIDER  
RESILIENCY**

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We continue to explore *provider resiliency* by looking to the work of Beltman, Mansfield, and Price. In their article, “Thriving not just surviving: A review of research on teacher resilience,” empirical studies dating back to 2000 were searched, compiled and analyzed. From their collection of 50 empirical studies, meeting the search parameters, the authors addressed the following questions: (1) What methodologies have been used to examine teacher resilience? (2) How is teacher resilience conceptualized? (3) What are the key risk and protective factors for teacher resilience and how do these relate to each other? (4) What are the implications for pre-service teacher education programs, schools and employees?

The authors operationalized *resiliency* as the outcome of a dynamic relationship between individual risk and protective factors. Interestingly, they found that only 13 papers included the word resilience, underscoring the need for this line of research.

Both protective and risk factors were identified and collapsed into *individual* and *contextual* categories.

Individual protective factors included: personal attributes (e.g., altruistic/intrinsic motivation), self-efficacy (e.g., sense of pride/confidence, internal locus of control), coping skills (e.g., proactive-problem solving including help-seeking), high levels of interpersonal skills/strong networking, teaching skills (e.g., high expectations, skilled in a range of instructional practices), professional reflection/growth, self-care, and type of qualification. Contextual protective factors included: administrative support, mentor support, support of peers/colleagues, working with students, characteristics of pre-service programs, and support of family/friends. Two individual risk factors were identified. Negative self-beliefs/confidence was most frequently listed followed by difficulty asking for help. Contextual risk factors included: pre-service programs, family, school or classroom, and professional work challenges.

The relationship between the protective and risk factors was examined in a variety of ways. Some studies examined the professional life phase characterizing the relationship between protective and risk factors. For example, one study considered the

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first year of teaching as the commitment phase; years 4-7 were considered the identity and efficacy phase; years 8-15 the managing changes in role and identify phase; years 16-23 the work-life tensions phase; years 24-30 the challenges to sustaining motivation phase; and 31 plus years was considered the sustaining/declining motivation, coping with change and looking to retire phase.

Another study suggested the role of initial teaching experience could significantly influence the rest of the career. One study grouped beginning teachers according to their career trajectory and came up with a typology. *Stayers* (beginning teachers remaining in the same school to teach for a second year) consisted of 71% of their participants; *Movers* (beginning teachers who moved to a different school at the end of their first year) represented 15%; and *Leavers* (beginning teachers who left the profession at the end of their first year) consisted of 14%. They found that new teachers were more likely to leave if they were employed part time, itinerant, or on a substitute basis. And other studies focused on clusters of characteristics.

A German study looked specifically at teacher self-regulatory behavior. They categorized teachers as one of four types: (1) *Healthy-ambitious* (high scores on both occupational engagement and

resilience); (2) *Unambitious* (low occupational engagement but high resilience); (3) *Excessively Ambitious* (high on engagement and low on resilience); and (4) *Resigned* (low engagement and low stress resistance). Of these four, the first type was viewed as the most resilient/adaptive while the third was viewed to be at long-term risk both professionally and personally.

The implications for the field, including the field of early intervention, are numerous. The pre-service level training programs could offer content that reinforces resiliency (e.g., assertiveness training, enhancing social skills, promoting self-coping skills, etc.). At the service level, administrations can offer resiliency bolstering programs/activities. Specific recommendations include: mentorship programs for new employees and buddy programs for established staff; reflective supervision; workshops for enhanced teaching strategies; and even informal supports (e.g., off site social outings). Including resiliency as part of staff development may help educators feel the support they need in order to stay in the field. Given the challenges that early intervention providers face, it is critical that we become aware of both the protective and risk factors that affect our resiliency. In this way we can bolster ourselves and each other.

Beltman, S., Mansfield, C. and Price, A. (2011). Thriving not just surviving: A review of research on teacher resilience. *Educational Research Review*, 6 (3), 185-207.

KIT Newsletters are available online at [www.edis.army.mil](http://www.edis.army.mil)



## On the WWW

In the following link, Dr. Mike Evans provides a 9 minute visual lecture called, 23 1/2 hours. His topic: What makes the biggest difference to your health? Dr. Evans makes the case that in as little as 30 minutes a day you can bolster your health, well being and resiliency with one activity - EXERCISE.

He concludes by asking, "Can you limit your sitting and sleeping to just 23 1/2 hours each day?"

<http://www.youtube.com/watch?v=aUainS6HIGo>



# What do the data say?

## What are common causes of stress?

To answer this question we look to a study published by the American Psychological Association (APA). As part of the Mind/Body Health campaign the APA conducts a nationwide “Stress in America” survey. The survey was initially conducted in 2007 and has been re-administered each year since then, allowing the APA to track stress levels over time.

Survey recipients were asked the following question regarding sources of stress.

*Below is a list of things people say cause stress in their lives. For each one, please indicate how significant a source of stress it is in your life.*

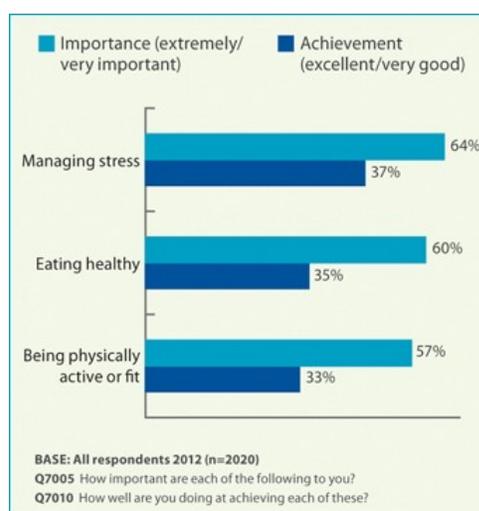
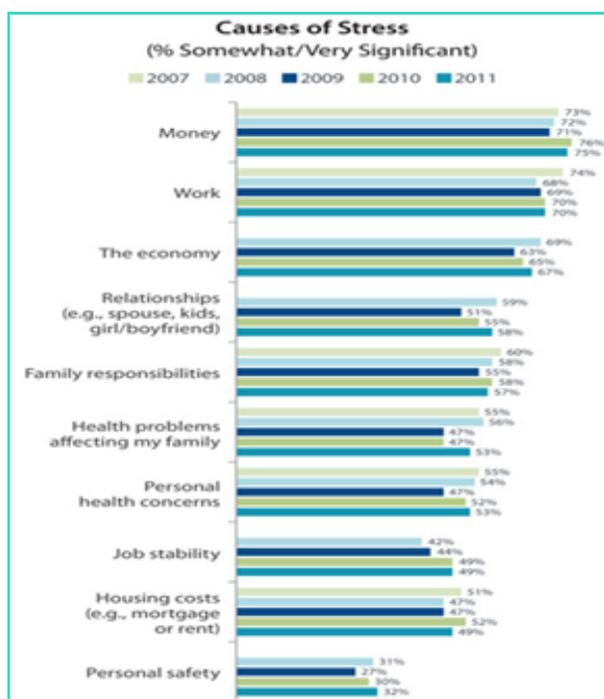
According to the results of the 2012 survey the top source of stress was money. Of the 2020 respondents, 69% reported that money was a *somewhat* or *very significant* source of stress in their life. This was followed by work (65%), the economy (61%), family responsibilities (57%),

relationships (56%), family health problems (52%), and personal health concerns (51%).

Looking back over the results of the prior year “Stress in America” surveys, money, work, and the economy have remained the top reported stressors for Americans. The previous table illustrates how the cited causes of stress have fluctuated over the years from 2007 through 2011.

([www.apa.org/news/press/release/stress/2011/2011-SIA-impact-causes-lrg.jpg](http://www.apa.org/news/press/release/stress/2011/2011-SIA-impact-causes-lrg.jpg))

It is well known that high levels of stress and continued stress over long periods of time negatively affect one’s physical and mental health. On the up side 2012 APA study found that more people are recognizing the importance of healthy behaviors to manage stress. Yet, doing something about it is falling short. The following table illustrates these results.



The full APA study, including the results of past surveys, is available online at [www.apa.org/news/press/releases/stress/2012/impact.aspx](http://www.apa.org/news/press/releases/stress/2012/impact.aspx)



# Consultation Corner

From January through April 2013, we are excited to have Dr. Lisa Naig Hodges as our consultation corner expert. Lisa will address the topic *Early Intervention Provider Resiliency*.

## **How do early interventionists cope with stressors in order to help alleviate and prevent professional burnout and compassion fatigue?**

Early interventionists may cope with the stressors they face in many different ways. Coping strategies may include being around supportive colleagues, relying on familiar routines, maintaining boundaries with families, and trying to keep a balance between their work and personal lives.

## **Moving Beyond “Colleagues” to “Friends and Family”**

Most early interventionists probably have colleagues they consider friends and enjoy spending time, during the workday, with them. They most likely acknowledge each other when leaving or returning, ask how their nights or weekends were, and support each other through tough times. When there is time, early interventionists may go out to lunch with colleagues during the workday. Furthermore, early interventionists may feel that some of their colleagues are family and spend time outside of work with them. Beyond the workday, there may be occasions when early interventionists spend time with colleagues doing other social activities together. Of course, some early interventionists may feel more likely to spend time with colleagues outside of work if they had a social relationship before working together.

## **Having a Dependence on Familiar Routines**

For early intervention, home visiting is a primary mode of service provision. Familiar routines for service providers include using the same frequency and duration for home visits. While the frequency and duration may change

depending upon the unique needs of the family having a regular time can be helpful for both the provider and family. Another familiar routine may be the manner in which the home visit is conducted. Using IFSP outcomes to guide the visit helps both the family and interventionists know what is being addressed and creates a predictable organization for the visit.

## **Maintaining Boundaries with Families**

Early interventionists maintain boundaries with the families they support by making choices about what information they share about themselves. Early interventionists make choices about sharing personal information, their cell telephone numbers, accepting food and drinks during home visits, and spending time outside of home visits with families. Although they want to build rapport and form relationships with families, early interventionists are conscientious about what they share with families. For example, some early interventionists share personal information while others are less likely to and this may vary from family to family.

## **Balancing Personal and Work Lives**

Within their lives, early interventionist may realize something is needed to change in their work life and slowly make changes to alleviate stress. One of the strategies used by early interventionists for dealing with stressors can involve engaging in different activities outside of work. Some may enjoy spending time by themselves as well as with family and friends. They may choose from many different activities, e.g., listen to music, read, watch television or movies, go out to eat, go shopping, and/or play sports or games.

Coping with stress may also be facilitated through belief in a higher power. Some early interventionists have spiritual faith that helps them deal with work stress. They may attend

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church and have prayer in their lives. They may rely on faith that “everything will be okay.”

As another way of coping with stress, early interventionists may try to make their physical and emotional self-care a priority. They may exercise, enjoy sleeping in, and taking naps on their days off. Emotionally, early interventionists may realize when they need to take a “mental health” day from work and plan for it by not scheduling any home visits or meetings and making sure all paperwork is finished.

In other ways, early interventionists can make an effort to separate their home and work lives in order to help with work stressors. Whether they have a long or short drive from work to home, that time could be spent de-stressing by driving in total silence or listening to music or books. They may choose not to take work home with them and stay late to finish tasks instead. Then, once home, they may try not to talk about work. For those early interventionists who office at home, separating their home and work lives may be more difficult. One strategy would be closing the door on the office area so that it

cannot be seen during the evenings and weekends. Another strategy would be making a point to not work after a certain time (e.g., 5:30 or 6:00 pm) at night or during the weekends, unless absolutely necessary.

### Summary

Early interventionists use a variety of strategies to help alleviate the effects of work stressors while at work as well as in their personal lives. They may enjoy spending time with family and friends, doing hobbies, and having spiritual faith. In addition, early interventionists may identify different strategies at work to help them with stress, including relying on familiar routines during visits with families, maintaining boundaries with families, and knowing when they need a break with a “mental health” day. Lastly, they may engage in behaviors that help them separate their personal life from work, i.e., not taking work home with them. The most important factor involves finding what works the best for them. Coping strategies can be very personal choices and one strategy may not work for everyone.



## Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Early Intervention Provider Resiliency*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (January through March 2013) and completing a multiple

-choice exam about the content covered in these KITs.

KIT readers will receive the exam in April 2013. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at [www.edis.army.mil](http://www.edis.army.mil) Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

*Thank you for your continued interest in the KIT.  
Please share your KIT questions/ideas via email to  
[EDISCSPD@amedd.army.mil](mailto:EDISCSPD@amedd.army.mil)*

