A Qualitative Study of Occupational Stress among ABA Therapists Working with Children with Autism

by

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DECLARATION

I hereby declare that the work in this thesis is my own except for quotations and summaries which have been duly acknowledged; and to the best of my knowledge it does not contain any materials previously published or written by another person except where resources are properly acknowledged in the text; and that it has not been submitted in part or in whole to fulfil the requirements of any other subject or course or for a degree, diploma, certificate in any university. In making this declaration, I hereby understand and acknowledge any breaches off the declaration constitute academic misconduct which may lead to my exclusion and / or expulsion from the programme and / or master's degree.

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Abstract

This is a qualitative study with a phenomenological design, which aims to explore occupational stress among ABA therapists working with children with autism. A total of seven Malaysian ABA therapists aging at least twenty-two years old were recruited using purposive and convenience samplings. All participants were virtually interviewed using Google Meet with a semi-structured format due to the Covid-19 pandemic's Restriction Movement Order (MCO). Each interview lasted around thirty minutes with sixteen non-leading questions. The interviews were audio-recorded separately and privately in an individual session. The interviews were then transcribed. All participants have at least worked for six months as ABA therapists, having completed the probation period. A pilot test was conducted by peer and supervisor checking to confirm the interview questions were understandable. The resulting transcriptions were then analysed to thematic analysis, whereby main patterns and themes were produced using the semantic contents. The main themes obtained based on the transcriptions are in line with the three research objectives respectively. The themes covering the experiences of occupational stress among ABA therapists working with children with autism are high-stress work and poor support from the management in the workplace. For sources of stress, the themes are role overload working with children with autism, working from home during Movement Control Order (MCO) due to Covid-19 pandemic, powerlessness and challenging interactions with children with autism. As for coping strategies, the themes of self-care, grit towards working with children with autism and social support from colleagues.

Key words: occupational stress, mental health, autism spectrum disorder, applied behavioral analysis, intervention, burnout, self-care.

Abstrak

Ini adalah kajian kualitatif dengan reka bentuk fenomenologi, yang bertujuan untuk meneroka tekanan pekerjaan di kalangan ahli terapi ABA yang bekerja dengan kanak-kanak autisme. Sebanyak tujuh ahli terapi ABA Malaysia yang berumur sekurang-kurangnya dua puluh dua tahun direkrut menggunakan sampel bertujuan dan kemudahan. Semua peserta ditemuduga menggunakan Google Meet dengan format separa berstruktur kerana Perintah Kawalan Pergerakan (PKP) pandemik Covid-19. Setiap temuduga mengambil masa sekitar tiga puluh minit berdasarkan enam belas soalan. Setiap temuduga dirakam secara berasingan dan secara peribadi dalam satu sesi individu. Kesemua temuduga kemudian ditranskrip. Semua peserta sekurang-kurangnya telah bekerja selama enam bulan sebagai ahli terapi ABA, setelah menyelesaikan tempoh percubaan. 'Pilot study' dilakukan oleh rakan sebaya dan penyelia untuk mengesahkan bahawa soalan temuduga dapat difahami. Semua transkrip yang dihasilkan kemudian dianalisis menggunakan 'thematic analysis', di mana corak dan tema utama dihasilkan menggunakan 'semantic contents'. Tema utama yang diperoleh berdasarkan transkrip masing-masing sesuai dengan tiga objektif kajian. Tema-tema yang merangkumi pengalaman stres pekerjaan di kalangan ahli terapi ABA yang bekerja dengan kanak-kanak autisme adalah kerja dengan tekanan tinggi dan sokongan yang lemah daripada pihak pengurusan di tempat kerja. Untuk sumber tekanan, temanya adalah peranan yang berlebihan ketika bekerja dengan kanak-kanak autisme, bekerja dari rumah semasa Perintah Kawalan Pergerakan (PKP) disebabkan pandemic Covid-19, interaksi mencabar dengan kanak-kanak autisme. Mengenai strategi mengatasi stres pekerjaan, temanya adalah 'self-care', 'grit' untuk bekerja dengan kanak-kanak autisme dan sokongan sosial dari rakan sekerja.

Kata kunci: tekanan pekerjaan, kesihatan mental, autisme, analisis tingkah laku, intervensi, ‘burnout’, ‘self-care’.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This section notes on the brief background of the study by providing an overview and including some key past research and a relevant theory regarding occupational stress among ABA therapists working with children with autism. The aim and research questions will be stated in this section to construct the track of this study. It will also include the gap of knowledge for this study.

1.2 BACKGROUND OF THE STUDY

In this study, it is important to note that despite focusing on Applied Behaviour Analysis (ABA) therapists as the target population, the literature on special needs educators or teachers are regarded as well because they also deal with special needs children including autism spectrum disorder (ASD). It is also important to note the difference between ABA therapy, speech therapy and occupational therapy. Although these three are types of professions providing early interventions suitable for children with autism, Ascend Behavior Partners (2020) explained that speech therapy focuses on

communication and feeding issues whereas occupational therapy focuses on mastering activities of daily living and living skills such as self-care skills, adaptive strategies, including coping to help a child develop motor coordination and body awareness as well as skills for learning. As for ABA therapy, it focuses on changing social and learning environments, and encompasses communication and life skills acquisition. Reichow et al. (2018) indicated that ABA therapy is the most researched-based treatment for children with autism.

For the purpose of this study, ABA therapists are referred to as individuals, who focus more on carrying out behavioural intervention plans and conducting assessments tailored based on the child's condition, whereas special needs educators or teachers focus on academic purposes and developments.

Occupational stress in this study refers to a result of organisational factors and imbalances in demands, skills and social support at the job, or some combination thereof that may lead to extreme depression, burn-out or psychosomatic disorders and the subsequent degradation of the quality of life and service provision (Ruotsalainen et al., 2014). This shows that the context of occupational stress resulting in burnout in this study is perceived here to be a common psychological stress and not a clinical diagnosis, whereby this psychological condition may develop gradually and subtle that remain unnoticed for a long time by the person concerned that could result in depressive and anxiety symptoms that risk one's mental health.

Elfert and Mirenda (2006) proposed that the value of delivering early clinical care to children with autism is being widely understood. With that being said, many intervention models are based on the principles of ABA, which is a kind of behaviour modification strategy to teach new skills such as self-grooming and self-help that instil

independence. Other behavioural techniques include developing executive abilities, language and communication skills and emotional learning.

Such strategies are usually delivered by a person qualified to teach and work with children with autism on a one-to-one basis for multiple hours per day at autism centres. At times, this is being done in the family home (Smith, 2001). These qualifications include an undergraduate degree in Psychology, Special Needs Education or Early Childhood Education. Not only that, frequent training under the guidance of a behaviour consultant or behaviour analyst to record data and implement plans that help remediate problems is also provided especially after they have passed their probation period, which usually lasts for three months (Elfert & Mirenda, 2006). In Malaysia, these ABA therapists work at autism centres that are run by Board Certified Behaviour Analysts (BCBA) or Registered Behaviour Technicians (RBT) that requires a Master's level qualification. These credentials ensure that the autism centres are certified and run by responsible individuals, who have received adequate training and knowledge to work effectively. This means that ABA therapists are degree holders who work under the supervision and guidance by BCBA or RBT, (Sunway University, 2019). As of now, it is not stated how many BCBA or RBT are practicing in Malaysia, let alone ABA therapists.

However, the issue here is that most centres or organisations mostly focus on therapists' work performance and simultaneously putting their mental health second. This is because sometimes it is easily forgotten that this job is very demanding and stressful as it not only deals with children in general but also with children with autism that requires more attention and patience. Also, working intensively with these children with autism for a number of hours each week, therapists are bound to face a range of

challenges related to their experiences with the child and at times, even the family. For instance, the child may experience slow learning progress whilst also participating in challenging behaviours (Elfert & Mirenda, 2006).

Furthermore, it can be difficult for ABA therapists to maintain professional boundaries as explained by Elfert (2002), whereby working closely with both children and their families and experiencing constant exposure to the families' private lives regarding the psychosocial aspect of well-being in parents and families of children with autism (Meadan et al., 2010). This is to understand and track the child's behaviours at home, which may cause enmeshment and high levels of stress. Hence, Elfert and Mirenda (2006) argued that given the important roles played by ABA therapists in early intervention for children with autism, there is no research that has examined the experiences of these individuals in detail.

Next, Ilias et al. (2018) reported that there is inadequate research into autism topics in non-Western countries, including Malaysia as compared to the western countries, which McStay et al. (2014) noted that autism has been the subject of a large and growing area of research there. The Ministry of Health Malaysia (2014) showed that doctors, psychologists and psychiatrists have increasingly reported about the increasing number of children with autism referred to their clinics. Razali et al. (2013) added that the number of children enrolled in special needs programs including early intervention plans and behaviour interventions have also reportedly doubled between 2006 and 2013. This means that more ABA therapists are needed to aid the current situation typically in the Malaysian context.

With this, Ilias et al. (2019) concluded that such results show that Malaysia needs further autism-related studies. It is also more probable that the parents and relatives'

reaction and response to a child's diagnosis of autism will differ from family to family. Showing coping variability among different families may increase the focus in studies to discover why and how certain parents and families with children with autism can cope well and become healthier, while others are not doing so well. This shows that parents need professional help for their children with autism, showing the urgent need for ABA therapists. Studies in Malaysia regarding this topic might shine a light mostly on the parents, more so than ABA therapists. Therefore, this study can provide a focus on the role and importance of ABA therapists in society. Not only that, it will also serve to highlight on their experiences and occupational stress working with children with autism.

1.3 GAPS OF KNOWLEDGE

To date, there have been no reports on occupational stress among ABA therapists working with children with autism in Malaysia. Thus, reports on similar occupations that deal with children with autism will be included in this study. These occupations include special needs educators or teachers and behaviour interventionists (BI). As such, Wasik and Bryant (2001) examined the complex roles of special needs educators in early childhood, who experienced significant levels of occupational stress because of factors such as (1) workload and time constraints; (2) difficult clients; (3) feelings of isolation and/or inadequacy; (4) role ambiguity or unclear role definitions; (5) lack of training; (6) change or instability at work; and (7) conflict with other team members. This is in line with the sub-scales that the Occupational Stress Index (OSI) (Belkic, 2003) surveyed, in which helped develop the interview questions for this study.

Not only that, the relationship between occupational stress and coping has been considerable research over the years (Elfert & Mirenda, 2006). This coincides with a theoretical framework by Osipow and Spokane (1984), which describes on the stress, strain and coping (SSC) model that hypothesises a complex interaction between occupational stress, strain, and coping resources. Elfert and Mirenda (2006) noted that the model explains the occupational stress to have significant consequences, namely psychological strain, that can affect the performance of an individual's work. However, it is necessary to account for the coping strategies of an individual as high occupational stress does not result in psychological strain and may also predict the severity of strain experienced. Moreover, work stress is associated with performing one or more specific stress-inducing 'work roles' in this model, which are, (1) role overload, (2) role insufficiency, (3) role ambiguity, (4) role boundary, (5) responsibility, and (6) physical environment (Osipow & Spokane, 1984). This is in line with the sub-scales that the Occupational Stress Index (OSI) Belkic (2003) covers, which helped develop the interview questions for this study.

1.4 RESEARCH OBJECTIVES AND QUESTIONS

This study aims to explore on ABA therapists' mental health, working with children with autism. The main objectives of this study are to explore ABA therapists' occupational stress working with children with autism in terms of their experiences, the sources of stress and their coping strategies. In order to answer the objectives, the research questions of the study are as follows:

1. Do ABA therapists experience occupational stress working with children with autism?

2. What are the sources of stress among ABA therapists who work with children with autism?

3. What are the coping strategies used by ABA therapists to cope with stress while working with children with autism?

1.5 CONCEPTUAL FRAMEWORK

The model of occupational stress index by Osipow and Spokane (1984) will be adopted into this study's conceptual framework. Osipow and Spokane (1984) developed a model that integrates sources of work environment stress, the resultant psychological strains and available coping resources (Swanson, 1991), which coincide with the research questions of this study. Not only that, but the upside of this model is also that it is applicable across occupational levels and environments.

Cope (2003) elaborated those occupational stresses are perceived to have consequences for individuals, in this case, ABA therapists, whereby these consequences are experienced as strain. This means that ABA therapists are forced to make an unusually great effort to follow through the work demands. As a result, this perceived stress and resulting strain could influence work performance and also could lead to burnout. Thus, this model focuses on the occupational stress consisting of the three related domains of (1) occupational stressors; (2) occupationally induced

psychological strain; and (3) coping resources or strategies available to counteract the effects of stress (Osipow, 1991).

Based on the conceptual framework below, the work environment places ABA therapists in roles that create the perception of stress. From there, they use various techniques to resolve these stresses by having coping strategies. Cope (2003) added that the degrees of success of these techniques depends on the individual's perception of stressors, their experience of the strains as well as the effectiveness of their coping strategies.

Moreover, it is essential to note that the intensity of the stress and some personal variables such as gender, could produce a different level of strain (Osipow & Spokane, 1984). Jones and Bright (2001) noted that not all individuals who are subject to particular stressors experience or react to them in the same way. This signified that stressors affect individuals differently based on their personal physiological, psychological and social predisposition. As a result, the effects of stressors upon individuals can be seen by the symptoms of stress physiologically, psychologically or behaviourally. Cope (2003) addressed that this is because psychological reactions to stress begin with initial shock and disbelief, which is followed by defensive responses such as denial, blame and ultimately acceptance. Bailey and Bhagat (1987) continued that depending on the longevity of the causes, these strain reactions could be temporary or long term, mild or severe. The individual's strength and ability to recover and cope also play a role in this situation. Figure 1 describes that some of the sources of stress that ABA therapists experience working with children with autism could be role overload, time constraints, role ambiguity, lack of training, conflict with other team members and physical environment. One factor that could intervene in therapists'

coping strategies of social support, time management and problem-focused, might be personality traits of individual characteristics. Symptoms of experiencing occupational stress might be exhibited physiologically such as raised blood pressure, psychologically such as mood and tension, and behaviourally such as job satisfaction.

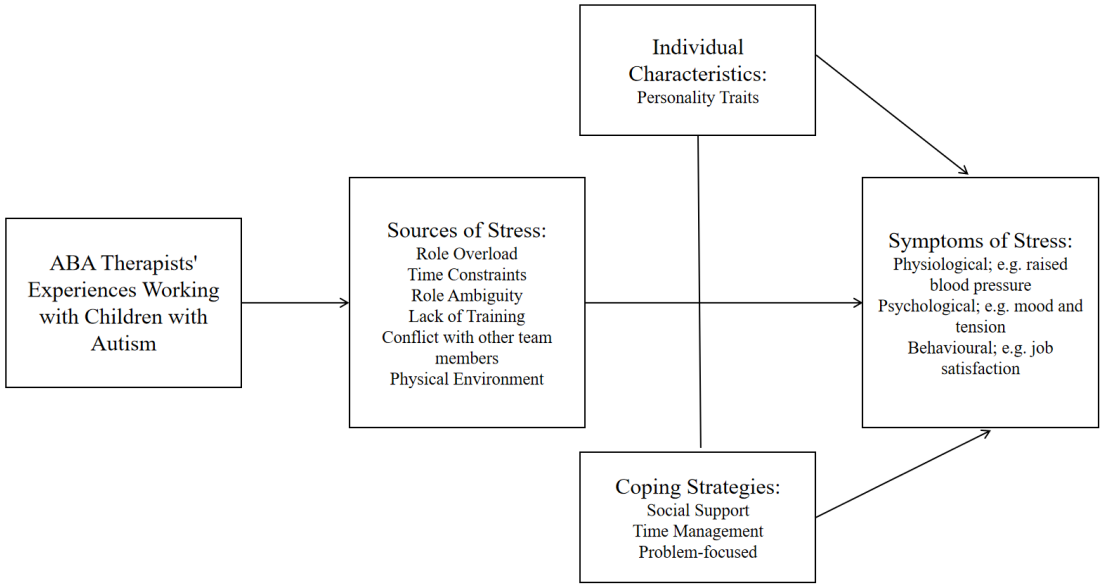

Figure 1 shows the conceptual framework that the study might result in.

CHAPTER 2

LITERATURE REVIEW

This section will cover a search and evaluation of the literature in occupational stress among ABA therapists working with children in autism. Each sub-heading is in line with the literature according to each of the three research questions. These research questions are related to ABA therapists' experiences, the sources of stress that they face and their coping strategies working with children with autism.

2.1 ABA THERAPISTS AND OCCUPATIONAL STRESS

In a study by Virues-Ortega (2010) on applied behavioural analytic therapy in early childhood autism, it was reported that the treatment of autism usually includes a combination of educational, behavioural and social mediated reinforcers. One of the most widely used recovery methods is the Applied Behaviour Analysis (ABA), which is largely based on the operant conditioning theory. ABA involves methodologies such as prompting, reinforcements and discreet trial teaching, which has been shown to have a positive influence on the overall mental functioning, adaptive behaviours and coping

actions, overall communication skills and the social interaction of the person, with medium to large effect sizes over a longer time.

Typically, this approach requires not only one but many therapists. In addition, they typically operate within a formal framework that involves organised supervision and support. This is in line with Virues-Ortega (2010), who suggested that there is a need for continuous supervision, reassessment of goals and change of instructional techniques and procedures as required in the course of the individual counselling programme. This study takes into account that ABA therapists focus more on carrying out behavioural intervention plans and conducting assessments customised based on the child's condition, as compared to the role of special needs educators, who focus on academic purposes and developments.

Ruotsalainen et al. (2014) focused on the prevention of occupational stress among healthcare employees, who may suffer from job-related or occupational stress because of organisational factors and imbalances in demands, skills and social support at the job, or some combination thereof. In such circumstances, this may lead to extreme depression, burn-out or psychosomatic disorders and the subsequent degradation of the quality of life and service provision. This psychological condition develops gradually and subtle that remain unnoticed for a long time by the person concerned. It is the product of inadequacy between expectations and reality at work. This being said, burnout and occupational stress are often believed to be the product of exposure to stressors at work, the consequences of which are mediated by personal coping or the ability to cope with environmental stressors at a personal level.

Nevertheless, it is important to note that burnout is perceived here to be a common psychological stress and not a clinical diagnosis. The economic effect of these factors

is strong, as inferred from data on absenteeism and turnover. In addition, Ruotsalainen et al. (2014) elaborated that over 10% of the total employee claims showed that occupational illnesses were because of stress at work.

2.2 QUALITATIVE STUDY ON OCCUPATIONAL STRESS

Qualitative methods can improve quantitative research on occupational stress, as discussed by Sam Schonfeld and Farrell (2010), underlining those qualitative approaches and more highly controlled quantitative methods used in occupational stress research, together with either approach, can provide a clearer picture of the stress cycle. Such qualitative data vividly illustrated the working conditions that caused psychological distress in individuals working with children, let alone the special needs children. Moreover, qualitative methods, in particular methods related to grounded theory by Glaser and Strauss in 1967, which emphasises the emergence of potentially important categories of data and hypotheses related to the relationship between such categories. This suggests that it is sufficient to descriptively describe the severity of work-related stressors faced by individual workers, but qualitative approaches can be used profitably.

Sam Schonfeld and Farrell (2010) elaborated that here has been a broad variety of experimental techniques used in workplace stress studies. Occupational groups explain, in their own words, in writing or orally including focus groups, which are, group interviews, and their daily work experiences. This form of procedure has been applied to a wide range of occupational roles. For this form of qualitative study, employees'

explanations of their working environments are not limited to conform to the alternatives found for formal interviews and questionnaires as compared to the stock-in-trade of quantitatively focused workplace stress researchers.

Next, Mazzola, Schonfeld, and Spector (2011) found that most workplace stress research used quantitative approaches. While studies using quantitative methods have been significant in the field, these studies have limitations. One assumption of quantitative analysis is that the researcher is conscious of the stressors and strains to be measured in standardized data collection methods. As a result, this method may disregard the major stressors and strains of the respondents. This shows that qualitative research may play a role in the discovery of stressors, strains and coping mechanisms that were not initially thought of by researchers using formal instruments in quantitatively focused research. Not only this, but qualitative studies may also add depth to quantitative outcomes by describing the personal experience of working individuals. The findings of self-reported quantitative tests have been shown to be easy to interpret, although workplace stress analysis has under-used qualitative approaches.

Although not widely used, some stress researchers have used qualitative approaches to analyse stressors, strains, coping and other aspects of the stress cycle, which have seldom been reviewed. Therefore, it has also become clear that it distributes qualitative studies of workplace stress across a variety of publications that may not be readily accessible to workplace stress researchers. These should be modified to analyse the most prevalent work-related stressors as well as strains and coping mechanisms, collected over a vast number of studies in which participants were asked to identify stressful experiences, without no restrictions on the work-related events they should describe.

2.3 ABA THERAPISTS WORKING WITH CHILDREN WITH AUTISM

A study by Denne, Thomas, Hastings and Hughes (2015) on competencies in applied behavioural analysis of children with autism discovered that behavioural approaches are widely accepted as an effective means of engaging with and teaching individuals in autism. Evidence exists for the efficacy of early intensive behavioural interventions. The therapy centre helps their therapists by offering initial preparation and ongoing instruction during the academic year. This ensures the therapists correctly incorporate new techniques. Hence, each behavioural intervention should be personalised to the particular child as to cater to the child's condition. With this, therapists can prepare for explanations of each technique applied for a variety of situations and children by providing relevant examples. This will also help in tracking and recording the child's progress over time. With carefully planned out and recorded techniques, it will be convenient for therapists to prioritise suitable intervention plans to accommodate the child's needs at that particular time.

Another study on coping in dealing with children with autism by Kuhaneck et al. (2010) described the role of therapists in helping parents to gain the information they need about autism and their child. This suggests that therapists might spend more time with their parents when offering care, such as during home visits. It is also important to note the professional and collaborative relationship between parents and therapists for the sake of the child's well-being, which plays a role to assist with the child's development.

Furthermore, a therapist's holistic approach to behavioural intervention and a broad knowledge base can prove helpful to parents early in the autism learning process. Therapists dealing with this demographic should also ensure that they stay up to date

with the latest knowledge, studies, legal debates and controversies regarding autism. Additionally, therapists can also help parents create routines that function well for the family and can help parents develop preparation and organising strategies, bedtime and morning routines as well as visual schedule approaches to help the child learn these routines. In reality, visual schedules can be helpful in helping to ease transitions, which is aligned with ABA approaches.

2.4 OCCUPATIONAL STRESS AMONG ABA THERAPISTS WORKING WITH CHILDREN WITH AUTISM

Adeniyi, Fakolade and Tella (2010) examined the potential causes of occupational stress among individuals working with special needs children and found that the workplace itself is already stressful. It shows that educating children with special needs may be more challenging because of the unique nature of the children and their various learning difficulties. Studies have shown that these individuals not only have higher levels of anxiety but also feel less valued and have lower work satisfaction than their peers. All the reasons listed above are pressures and strains caused by dealing with children of special needs.

Not only that, the severity of disabilities in these children may also create tension, emotional imbalance as well as psychological trauma in the lives of these therapists of exceptional children (Adeniyi, Fakolade and Tella (2010). This is because children with high disabilities often exhibit a variety of behaviours that are likely to have adverse effects on peers, family members and everyone dealing with them. This adds to a

feeling of frustration and disappointment felt by therapists if they cannot make a fair effect on the children's progress and success rates, which can lead to low motivation and ultimately burnout.

Adeniyi, Fakolade and Tella (2010) also highlighted that the roles of individuals dealing with special needs children, including therapists and special educators, are ambiguous in the educational system, which was developed without concentrating on the special needs of the children. This makes the device both complex and multi-faceted. Additionally, some special needs children may not yet ready for academic learning activities. Hence, they firstly require behavioural plans and interventions such as self-help skills that include eye-contact and verbalizing, which might not be in the educational system as it concentrates on schooling and academics.

Without a proper benchmark that therapists and special educators can rely on, it might result in a lack of skill awareness and poor anticipation of children's difficulties. This indicates that the benchmark can help in the accommodation and adaptation of special needs in society, particularly in this era of total inclusion. Also, the knowledge of the general education curriculum and adaptation to the needs of exceptional children, such as self-help skills and school readiness, and help in homework, as well as an adequate connection between school and home should be included to ensure an efficient effort in guiding special needs children towards a better future that they deserve as much as other children.

With that being said, such expectations may also constitute stress or burnout to therapists and special needs educators of special needs children. This may result in individuals to be less likely to sustain and stay in the field despite the rise of special

needs children including in autism, which appears to be unjust as these children require more attention and assistance to aid their underdevelopment.

In contrast, Tagg (2015) addressed the reduction of tension in paraprofessionals, such as therapists working with children with autism, suggesting that a rise in the number of children diagnosed with autism has contributed to a growing need for evidence-based intervention programs. Behaviour-analytical approaches follow these requirements and thus ABA paraprofessionals are required to provide direct intervention services. It has been documented that they tend to have high rates of stress and burnout, possibly partly due to the complex behavioural needs of children with autism.

It was further elaborated that higher turnover rates lead to more frequent changes in service providers for children accessing intervention care, in addition to rising costs in businesses for companies or centres delivering care and therapy for children with autism. Hence, Tagg (2015) illustrated the changes in service providers can lead to more frequent maladaptive behaviours as this population also struggles with transitions and new circumstances and experiences. Moreover, exposed maladaptive behaviours may lead to even more frequent staffing changes. For instance, each new paraprofessional ABA moves to a case where the child displays more aberrant behaviour on the basis of a change in the provider, which causes a high level of stress and lack of self-efficiency in the service provider.

Therefore, it is essential to address a stress-reduction plan for ABA paraprofessionals, which in this case are the therapists. It can help to compensate for the tension associated with the sometimes-difficult actions of children with autism. In fact, as explained by Tagg (2015), it serves as a calming influence as well as a protective

effect on ABA paraprofessionals in their perception of stress related to their job experience and eventually allows them to remain optimistic for longer periods of time, thereby having a positive impact on the children with whom they work and deal with.

Besides, Tagg (2015) continued that more and more research has been published outlining the importance of utilizing empirically supported interventions for all children to ensure that treatments are being selected which have been evaluated and validated through statistical comparisons there are not enough professionally credentialed individuals in this field when compared to the number of children requiring services of this nature.

Furthermore, more and more studies have been published highlighting the value of using empirically based therapies and interventions for children with autism and special needs, in general, to ensure that programs that have been tested and validated by statistical analyses do not have enough professionally trained and credentialed individuals in this field relative to the number of children seeking care and treatment in this field (Tagg, 2015).

Hurt et al. (2013), on the other hand, examined the personality characteristics associated with workplace stress and burnout in ABA therapists. It has been stated that it would be of great benefit to be able to recognise individuals who are less likely to experience burnout and work turnover. Such therapists typically work one-to-one with children with autism for prolonged periods of time, often contributing to elevated levels of work-related stress, lower levels of job satisfaction, higher rates of workplace burnout and higher than average employee turnover. While the efficacy of ABA is well established empirically, this approach is complicated, challenging and sometimes frustrating for the therapists. This is because there are significantly higher rates of

burnout in human services, especially in those working with individuals with intellectual disabilities including autism.

In addition to these particular task conditions and demands, the experience of emotional difficulties as well as one-to-one therapy for several hours a week, therapists experience issues related to potential cognitive deficiencies, aversive behavioural problems and difficulty with generalizability of learning for clients. In fact, recent research has reported the adverse psychological effect of job stress on autism therapists. This coincides with Hurt et al. (2013), whereby the occupational role of the autism therapist tends to be especially vulnerable to professional burnout.

As Hurt et al. (2013) continued to explain, burnout is a psychological condition triggered by workplace stress that has physical and emotional symptoms linked to over-extending emotions in response to job demands. This means that therapist turnover is a major issue, with the most negative effect on the client as a whole, the patient in autism. Issues listed above, pessimistic behaviours, mental fatigue, cynicism, poor professional effectiveness, work burnout and low job satisfaction inevitably result in the therapist leaving the position, forcing the family to seek a replacement. This may also cause the child's development to regress as most times children with autism take a longer time and more effort to adjust themselves with a new environment as well as a new therapist.

It was stated that occupational burnout cannot be measured ahead of time because it is a direct result of the work set-up itself, which is also the case for job satisfaction. However, at the time of recruiting, it is very difficult to assess the main personality traits. The main criteria were recognised to be extraversion, empathy and sensitivity as positive personality traits, and, most significantly, neuroticism as a major risk factor. For this reason, more extraverted individuals appear to be polite, optimistic, assertive

and involved, characteristics that can make a positive contribution to the role of therapist. Likewise, engagement with the client is encouraged, which can facilitate therapeutic efficiency to be improved and increased. Its effectiveness can contribute to higher rates of job satisfaction (Hurt et al., 2013). Hence, partial mediation of the degree of perceived support, in particular the indirect impact of extraversion, via support, on job satisfaction, should be considered.

2.5 CONCLUSION

Langeliers (2013) reported on perceived supervisor support, job satisfaction and burnout among ABA therapists for children with autism, in which it was concluded that there was very little research that has examined or investigated predictors of burnout among ABA therapists who work with children with autism. Among therapists of children with autism, the primary domain that led to high burnout rates was emotionally overextended and overwhelmed by one's job. It is due to the time spent delivering one-on-one care and treatment to children with autism that has been favourably correlated with therapeutic self-efficacy, so that many individuals who have served in the field no longer consider their work more meaningful or valuable. This may cause the incompetence of work performance, which might lead children to regress.

This can be supported by perceived supervisor support and therapeutic self-efficacy as supervisor support tended to serve as a protective factor against diminished feelings of personal achievement when ABA therapists were presented with high rates of perceived work-related demands. This suggests that perceived supervisor help has

been shown to be associated with a lower incidence of burn-out-related symptoms, including emotional exhaustion. Even though the nature of the job is typically stressful, to begin with, therapists should have the right to be equipped with appropriate and constant support by both the centre and supervisor to ensure therapists' mental and psychological well-being are in check. When this is being done consistently, therapists can perform more effectively as they are given the time and space to rest accordingly before having to prepare themselves for more demands and challenges in dealing with children with autism. This will also comprise the feeling of appreciation among therapists, which helps increase their job satisfaction and work performance.

Aside from aiming to highlight the importance of ABA therapists' roles in providing intervention session for children with autism, the objective of this study was also to explore ABA therapists' experiences in occupational stress working with children with autism, their sources of stress as well as their coping strategies. Additionally, occupational stress, job performance and job longevity affect mental health (World Health Organisation, 2020). Hence, this paper hopes to emphasise on the impact of mental health problems in the workplace has serious consequences for the therapists.

CHAPTER 3

RESEARCH METHODOLOGY

This section describes the selected designs that the researcher applied in the study to determine findings according to the research questions. The sample size with target participants as well as the materials that were adopted for this study will be discussed in this section. Also, the procedure will be elaborated, and ethical considerations will be stated before explaining on the proposed analysis.

3.1 RESEARCH DESIGN FOR RESEARCH QUESTIONS

All three research questions ask about ABA therapists' experiences, their sources of stress and their coping strategies used to cope with stress while working with children with autism respectively. Thus, the selected design for the study is qualitative method in order to answer the descriptive and contextual nature of the research questions. This means that phenomenological approach was used. Morse (2003) proposed that qualitative research is used when there is limited information known about a particular topic. This means that the nature of the problem is still unclear, which aligns with the problem statement of this study. Hence, qualitative methodology was employed entirely in this study.

In-depth interviews in the English language were conducted to obtain the information needed. This study utilised conversational semi-structured, individual and virtual interview via Google Meet in order to comply to the latest SOP issued by the Media & Public Relations Center (MPRC) Campus Director's Office with regards to the Conducting the Research Outside USM campus during the COVID-19 Pandemic. The virtual interview involved a series of open-ended questions based on the areas of the issue that the researcher wanted to cover (Mathers & Fox, 1998). A semi-structured interview is convenient as the research is exploratory and it is able to drive participants to describe and elaborate on their experiences.

3.2 SAMPLING METHOD AND SUBJECT RECRUITMENT

Purposive sampling was operated to gather participants working as ABA therapists with children with autism for this study. Participants who fulfilled the necessary requirements for the study were invited to participate. These participants were selected according to the inclusion criteria to ensure that the richest possible information was collected and that the information obtained accurately portrayed the phenomenon under investigation. Barreiro and Albandoz (2001) defined purposive sampling as selecting and making the sample representative and subjective, which depends on the researcher’s opinion or purpose of the study. Additionally, purposive sampling was applied in this study because the sample will provide richer information about the issue and the participants will be regarded on the availability. According to Fusch and Ness (2015), this is to concentrate on individuals with particular characteristics that are able to assist and contribute to this study.

Convenient sampling was also utilised. This is because participants were recruited from acquaintances as the researcher used to work as an ABA therapist. However, it is important to note that participants were only selected if they were conveniently available to participate in this study (Barriero & Albandoz, 2009). As for recruitment, the participants must fulfil the inclusion criteria. Finally, the participants had signed the consent form approved by the Research Ethics Committee (Human) of the Universiti Sains Malaysia detailing that their participation was voluntary.

3.3 INCLUSION CRITERIA AND STUDY POPULATION

Participants should meet the following criteria in order to participate in the study. Participants must be working as ABA therapists, who are at least twenty-two years old as to ensure that participants have completed their bachelor's degree in Psychology, Special Needs Education or Early Childhood Education, which the basic qualification to be appointed as an ABA therapist. Assuming that the participants work right after graduating, it aligns with the duration of these degree courses, which take about three to four years to complete. Although it is important to note that the participants must already complete their probation period that lasts for three months, it is required for this study that the participants have been working as ABA therapists with children with autism for at least six months to a year. This is in line with Murray (2012), who explained that six to nine months is the standard duration for work-integrated learning to be in a new working field. Participants were recruited from available autism centres in Klang Valley, mostly in Subang Jaya and Petaling Jaya, Selangor. All participants were anonymised and given pseudonyms to protect the participants' identities.