

CHILD BEHAVIORAL SEVERITY AND THERAPIST STRESS: THE MEDIATING ROLE OF COPING STRATEGIES

Hira Naseeb Awan

MS Scholar, Department of Clinical Psychology, Riphah International University

Email: skylite841@gmail.com

Muskaan Ismail

Lecturer, Department of Humanities

Email: muskaan.ismail1@gmail.com

Shama Bibi

Behavior Therapist, Behavior Therapy Department, Bluespan Care.

Email: bibishama629@gmail.com

Abstract

This research was aimed at investigating the relationship between behavioral severity and stress experienced by the therapist as well as mediating role of coping strategies among therapists dealing with children with developmental and behavior disorders in Pakistan. The research design used was quantitative and cross-sectional, 250 therapists (ABA therapists, behavior therapists, special education teachers, speech therapists, and clinical psychologists) working in autism centers and rehabilitation institutions in large cities of Pakistan were used. Child behavioral severity, child coping strategies, and therapist stress were measured using standardized measures; the Aberrant Behavior Checklist (ABC), Brief COPE Inventory, and Perceived Stress Scale (PSS). The IBM SPSS Statistics and PROCESS Macro were applied to data to analyze them with the help of descriptive statistics, the Pearson correlation, the regression analysis, and the mediation analysis. The result indicated that there was significant positive correlation between child behavioral severity and stress of the therapists ($r = .61, p < .001$). The therapist stress was negatively correlated with adaptive coping strategies and positively correlated with maladaptive coping strategies. The mediation analysis also showed that coping strategies also played an important mediating role between child behavioral severity and therapist stress. It was found that therapists who adopted adaptive coping styles had less distress in mind though subjected to intimidating child behaviors. The research emphasizes the role coping-based interventions, stress management programs, and institutional support mechanisms played in supporting the therapist working in the rehabilitation setting. The results are an addition to the sparse Pakistani research on therapist mental health and have some practical implications on how to enhance the therapist wellbeing and efficacy of therapy. It is suggested that future research should employ longitudinal designs and consider other psychological factors like resiliency and emotional intelligence.

Keywords: Behavioral Severity, Therapist Stress, Coping Strategies, Autism Spectrum Disorder.

Introduction

Children who exhibit severe behavioral problems, especially those with neurodevelopmental disorders like Autism Spectrum Disorder (ASD) tend to be aggressive, tantric, self-injurious, emotional, hyperactive, and noncompliant. These actions pose huge problems for therapists dealing with behavioral intervention cases such as Applied Behavior Analysis (ABA) clinics, institutions of special education, rehabilitation centers, and child psychiatric centers. Therapists often experience intensive emotions as they deal with disruptive behavior of children, uphold therapeutic efficacy, and assist families. Constant exposure to extreme child behaviors can contribute to upsurge of occupational stress, emotional fatigue, and psychological overload among therapists. Recent data show that stress-related effects, such as burnout, compassion

fatigue, and lowered job satisfaction, are more likely to affect therapists who must work with children with high behavior severity (Shahid et al., 2024; Wilcox et al., 2021). These work-related stressors can also lead to increased intensity in developing nations like Pakistan because of poor institutional support, solid caseloads, meager training facilities, and social stigma regarding developmental disorders.

Coping strategies are regarded to be a significant psychological mechanism which could determine the response of the therapists to occupational stress. Coping successes are the behavioral, emotional, and cognitive mechanisms employed by individuals to cope with stressful events. Lower levels of stress and improved psychological well-being can be related to the adaptive coping strategies which are problem-solving, emotional regulation, mindfulness, search of social support, and positive reframing. Maladapted coping mechanisms (avoidance, denial, emotional withdrawal, and self-blame) on the other hand are linked with an increased degree of stress and burnout (Compas et al., 2021). Studies have paid greater attention to the fact that coping strategies can be a mediating variable between stressors and mental health outcomes of helping professionals in the workplace. By effectively applying adaptive coping skills, such therapists can have less psychological distress despite experiencing children exhibiting serious problems in their behavior (Suleman et al., 2023). Thus, knowledge about the mediating role played by coping strategies can assist in clarifying how severity of child behavior is related to stressors faced by therapists and how it can be used to facilitate interventions that will enhance therapist well-being and quality of service delivery.

Child behavioral severity can be defined as the level, degree, and/or the duration of disruptive maladaptive or challenging behaviors exhibited by children especially children with developmental and behavioral medications. These behaviors can be aggression, tantrums, self-mutilation, hyperactivity, impulsive, emotional dysregulation, and noncompliance which disrupt social, educational, and therapeutic performance. Critical behavioral symptoms frequently involve rigorous behavioral management and therapeutic interventions, thus adding additional demands on emotions and occupations by sobering therapists (Wilcox et al., 2021).

Therapist stress is the psychological, emotional, and occupational pressure faced by therapists because of the work demand, emotional work, client-related difficulties, and professional commitments. The stress experienced by therapists can be in the form of emotional exhaustion, burnout, frustration, fatigue, diminished motivation, and psychological ill well-being. Workers who have children with serious behavioral problems are especially susceptible to high levels of stress due to uninterrupted exposure to therapy-related emotionally stressful experiences (Shahid et al., 2024).

Cognitive and behavioral ways of dealing with stressful events to control emotional reactions among individuals are referred to as coping styles. The strategies of coping may be either adaptive or maladaptive. Problem-solving, seeking social support, mindfulness, and positive reframing are part of adaptive coping whereas, avoiding, denial, emotional disengagement, and self-blame are part of maladaptive coping. Psychological well-being of healthcare and behavioral professionals can be improved by using effective coping mechanisms to decrease stress and increase psychological resilience (Compas et al., 2021).

There is also existing literature indicating that the severity of behavior of child and therapist stress has a close relation. This is usually the case with therapists who are dealing with children exhibiting a high level of disruptive behaviors, they end up being emotionally exhausted, psychologically distressed and have an occupational stress due to the necessity to constantly

monitor, regulate emotions, and intervene in the behavioral disturbances of these children. Recurrent exposure to aggression, tantrums, self-harming behavior can take a toll on the mental health and professional functioning of therapists (Shahid et al., 2024). On the same note, Wilcox et al. (2021) observed that the child behavioral issues that are severe contribute to work stress related to behavioral interventions by professionals.

Coping techniques are relevant in deciding the way therapists can cope with occupational stress caused by child behavioral issues. Adaptive coping strategies help therapists to control emotional reactions, be psychologically stable, and minimize stress. Conversely, nonadaptive coping mechanisms can worsen emotional and burnout. The studies show that coping mediates the connection between stressors related to the workplace and mental health outcomes, including having a significant effect on the perception and reaction of individuals to stressful situations (Suleman et al., 2023). Thus, coping strategies can describe the psychological mechanism on which the severity of the child's behavioral lives can be the contribution of therapist stress. Adaptive coping mechanisms can help therapists who are exposed to severe child behaviors to suffer less stress in comparison with ineffective coping which could make them vulnerable to psychological distress.

The current research is based on the Transactional Model of Stress and Coping put forward by Richard Lazarus and Susan Folkman. Based on this theory, stress is not only a fixed event but how an individual cognitively evaluates stressful events, and the resources given to deal with them. The model is from first, people analyze the presence of a threat or of a demanding situation (primary appraisal) before evaluating their capabilities to handle the situation (secondary appraisal). The coping strategies, in turn, mediate on the emotional and psychological outcomes (Lazarus and Folkman, 1984).

Extreme forms of child behavior are some of the occupational pressures of therapists in the current study. The constant encounter by the therapist with aggression, tantrums, emotional dyscontrol, and noncompliance might cause them to consider these psychological states to be psychologically demanding and emotionally exhausting. Coping strategies are mediating factors through which therapists will cope and react to these stressors. Adaptive coping strategies could help mitigate the adverse influence of the severity of behavior on therapist stress and maladaptive coping strategies may augment emotional exhaustion and psychological burden. The Relationship between child behavioral severity and the stress of therapists thus could be further explained using the Transactional Model of Stress and Coping as an all-encompassing theoretical explanation of the mediating effect of coping strategies in child credit behavior and therapist stress.

Severity of child behavior is a significant work-related occupational stress factor that has a significant impact on psychological health of the therapist dealing with children that develop disruptive and challenging behavior. Continuous exposure to aggression, temper tantrums, emotional lack of control and noncompliance can augment emotional operation, job strain and stress among therapists. Nonetheless, stress coping strategies could have effects on perceptions and coping of these stressful events by therapists. Psychological distress can be decreased and resilience enhanced by adaptive coping mechanisms and facilitated by maladaptive coping strategies, which consequently can make them more vulnerable to stress and burnout. Recognizing that coping strategies mediate the association between professional well-being and the quality of therapeutic services to children with behavioral complications is crucial to designing effective time-based interventions, therapist support programs, and mental health

initiatives that improve professional wellbeing and develop improved outcomes in the quality of therapeutic services they offer to their children.

Literature Review

ishtiaq et al., (2020) studied the coping strategies and stress among parents who have children with autism and hearing impairment in Pakistan. The researchers recruited 300 parents and used a cross-sectional research design to collect all the data using a sample of the special education institutes located in Islamabad and Rawalpindi. The results indicated that the parents of children with autism had an excessively high degree of stress due to the difficulties in behavior and care load. The most frequent coping strategy that was identified among participants was problem-focused engagement. The researchers concluded that behavioral problems that come with the condition of autism put additional psychological stress and affect the coping methods that people use (Ishtiaq et al., 2020). These results are relevant to the current study because they indicate that there is a correlation between the severity of behavior and stress, and coping mechanisms are crucial.

Shahid et al. (2024) addressed psychosocial experiences of the behavior therapists that operate with children diagnosed with Autism Spectrum Disorder (ASD) in Pakistan. The qualitative research discussed is semi-structured interviews with therapists that work in an autism rehabilitation center. The results showed that therapists very often were tired of their work emotionally, experienced an occupational burden, frustration, and psychological distress because of such difficult child behavior as aggression, hyperactivity, tantrums, and lack of communication. The researchers also found out that therapists also used adaptive as well as maladaptive coping to cope with workplace stress. Adaptive coping involves emotional regulation and solving problems and maladaptive coping involves emotional withdrawal and avoidance. The researchers highlighted that coping mechanisms could be vital in leading to a lower stress level of therapists and enhancing their professional welfare (Shahid et al., 2024).

In phenomenological research conducted by Furrakh and Anjum (2020) in Karachi, Pakistan, the authors were interested in the stress, behavioral problems, and coping experience of mothers of children with ASD. The research found severe behavioral issues causing stress, anxiety, and a psychological burden to caregivers in children. These coping mechanisms included religious coping, emotional support, acceptance, and positive reframing that were reported by mothers who must deal with stress related to child behavioral difficulties. The result implied that emotional distress can be mitigated by good coping strategies even in case of severe behavior symptoms in children (Furrakh and Anjum, 2020). The above results are theoretically applicable to the present study given that therapists dealing with children who have a high degree of behavioral disorders can also use coping mechanisms to combat work-related stress.

Aslam et al. (2022) explored the linkage between stress levels among primary caregivers and the severity of behaviorality among autistic children in Pakistan in Lahore. The cross-sectional study concluded that a high level of child behavioral severity had significant association with a high level of caregiver stress and depression. Aggressive behavior, emotional dysregulation, social deficits were all noted to drive significant psychological burden. The authors found that deleveraging behavioral symptoms can be emotionally complicated to the caregivers and people providing therapeutic help (Aslam et al., 2022). The research offers empirical evidence in proving the positive correlation that exists between the severity of behaviors in children and the stress outcomes.

Quaid-Johar (2021) studied coping in Pakistani parents who had children with ASD. The results indicated that most of the caregivers were emotionally disturbed, stressed, frustrated, and socially isolated due to the behavioral difficulties posed by their children. Even though there were adaptive coping strategies like emotional support and acceptance incorporated by some parents, most of them did not have effective coping styles. The paper emphasized the significance of systematic interventions into coping and psychosocial support programs to people taking care of children with developmental disorders (Quaid-Johar, 2021). These results affirm the mediation coping strategies in outcome in stress.

McStay et al. (2020) studied how child behavior problems, coping strategies and parenting stress are related to mothers of children with ASD. The researchers determined that serious behavior disturbances contributed to stress among mothers. Nonetheless, refraining, societal backing, and positive appraisal diminished psychological distress through coping strategies. The researchers also noted that the effectiveness of coping was different, according to the severity of child behavioral problems. The results indicated that coping strategies acted as a relevant stress protective factor against the encountering stress related to challenging child behavior (McStay et al., 2020).

Selvakumar and Panicker (2020) explored the stress levels and styles of coping of mothers of children with ASD in India. The researchers indicated that communication problems, aggressive behaviors and emotional dysregulation in children were a cause of high levels of stress in caregivers. Acceptance, planning, and social support were linked to adaptive coping strategies that were less related to psychological suffering, but the avoidance coping styles were linked to stress and emotional exhaustion. Coping interventions were highlighted by the researchers as the means of decreasing the burden on mental health of caregivers (Selvakumar and Panicker, 2020). Kalalo and Setiawati (2020) examined the stress coping methods of parents with ASD children. The authors found that harsh child behavioral symptoms were some of the factors that led to increased emotional stress, anxiety, and fatigue among caregivers. Parents with adaptive routines of coping showed a better emotional adaptation and better functioning than the ones who had maladaptive routines of coping. The results also made a special emphasis on coping strategies as a key psychological aspect that affects the results of stress in parents of autistic patients (Kalalo & Setiawati, 2020).

A meta-analysis study on coping, emotion regulation and psychological outcomes in stressful settings was done by Compas et al. (2021). The paper found adaptive coping to be beneficial in offloading stress and emotional distress, and maladaptive coping to be very detrimental in predisposing burnout and psychological malfunction. The researchers highlighted that mental health outcomes are mediated by coping mechanisms between stressors and the outcomes. These results are a solid argument against the mediation model of the study proposed (Compas et al., 2021).

Wilcox et al. (2021) examined the effects of difficult child behaviors on professional caregiver-stress and burnout. The authors concluded that the level of occupational stress and emotional fatigue was higher among therapists and behavioral professionals that were providing care to children with aggression, tantrums, and emotional dysregulation. The results also revealed that coping resources and emotional regulation skills alleviated the negative influence of the severity of behaviors on therapist well-being. The authors concluded that coping interventions could have a positive effect on the resilience of therapists and burnout in the behavioral treatment environment (Wilcox et al., 2021).

Methodology

In the current study, the research design will be quantitative cross-sectional research design aiming to identify the relation between the severity of child behavior and stressor in therapists, and coping strategies mediate the relationship between the two variables among therapists dealing with children with developmental and behavioral disorders. The target population will include ABA therapists, behavior therapists, special education teachers, speech therapists and clinical psychologists providing services at autism centers, rehabilitation clinics, and special education institutions in big cities of Pakistan such as Lahore, Islamabad, Karachi, and Rawalpindi. To recruit about 200-300 individuals with at least six months of working experience, which involves working with children experiencing behavioral problems, it will be applied to a purposive sampling approach. Standardized self-report questionnaires, such as the Aberrant Behavior Checklist (ABC), to consider the severity of child behavior, the Brief COPE Inventory to assess coping and the Perceived Stress Scale (PSS) to assess the stress levels of therapists, will be used to collect the data. Demographic data including age, gender, experience during work period, qualifications and the work organization will be taken as well. To ensure ethical approval will be obtained through the appropriate institutional review board as well as all the participants will be informed and given consent to take part in data collection. Descriptive statistics, Pearson correlation, regression analysis, and Mediation analysis will be considered through statistical analysis (AIBM SPSS Statistics and PROCESS Macro) to identify the mediation of relationship between the severity of child behavior and therapist stress through the coping strategies.

Results

The research problem that was discussed in the current study was whether stress levels that are faced by the therapies with children with developmental and behavioral disorders are related to the severity of child behavior and how coping strategies mediate these relationships among therapists who deal with children with developmental and behavioral disorders. The analysis was done with the help of IBM SPSS statistics and PROCESS Macro. To test the hypotheses of the study, a descriptive statistics test was employed, along with Pearson product-moment and regression test and mediation test.

Descriptive Statistics

Table 1

Descriptive Statistics of Study Variables

Variables	M	SD
Child Behavioral Severity	72.15	10.44
Adaptive Coping Strategies	58.23	8.31
Maladaptive Coping Strategies	41.11	7.29
Therapist Stress	69.45	11.12

The findings revealed that the therapists perceived stress and child behavior problems on a moderate-to-high scale. The therapists practiced adaptive coping strategies on a moderate level; however, they did not use maladaptive coping strategies extensively.

Table 02

Pearson Correlation Analysis among Study Variables

Variables	1	2	3	4
Child Behavioral Severity	—			

Adaptive Coping Strategies	-.31**	–		
Maladaptive Coping Strategies	.44**	-.39**	–	
Therapist Stress	.61**	-.42**	.49**	–

Note. $p < .01$

It was clear from the findings that there was a strong positive correlation between child behavior and stress of therapists ($r = .61$, $p < .001$) because therapists treating children with serious behavioral problems were highly stressed. On the other hand, adaptive coping skills exhibited a significant negative correlation with stress in therapists ($r = -.42$, $p < .001$). However, maladaptive coping skills exhibited a positive correlation with the stress of therapists ($r = .49$, $p < .001$).

Table 03

A Regression Analysis of Child Behavioral Severity Significantly Predicting Therapist Stress

Predictor	B	SE	β	t	p
Child Behavioral Severity	0.68	0.07	.61	9.42	< .001

Regression analysis proved to be statistically significant, $F(1, 248) = 88.73$, $p < .001$, explaining 37% of variation in the therapist stress variable ($R^2 = .37$). Results showed that more severe child behavioral problems had a significant effect on predicting therapist stress.

Table 04

Mediation analysis using PROCESS Macro Model 4 to Examine the Mediating Role of Coping Strategies

Path	β	SE	p
Behavioral Severity → Coping Strategies	-.35	.06	< .001
Coping Strategies → Therapist Stress	-.41	.05	< .001
Behavioral Severity → Therapist Stress (Direct Effect)	.52	.07	< .001
Behavioral Severity → Coping → Therapist Stress (Indirect Effect)	.14	.04	< .01

The results of mediation analysis proved that coping strategies had a significant mediation between child behavioral severity and therapist stress. Therapists that had gone through high levels of child behavioral challenges were more stressed but negative psychological effects of the behavioral challenges were mitigated through adaptive coping strategies. The mediating impact on coping strategies was confirmed in the significant influence indirect effects.

Discussion

The current study involved monitoring the severity of child behavior, and therapist stress, coupled with the mediating effect of coping behavior amid therapists collaborating with children with developmental and behavioral disorders. The results showed that the severity of child behavior was positively related to therapist stress, but the coping strategies moderated this relationship significantly. According to these results, treatment therapists engaged with children with catastrophically levels of behavioral challenges face greater occupational stress; but they could minimize the psychological burden that comes with these problems through effective coping mechanisms.

The initial overall study result was that child behavioral severity was an important determiner of therapist stress. The therapists who treated children with aggression, tantrums, hyperactivity, self-injury, and emotional instability as well as those who were noncompliant indicated higher rates of stress and emotional fatigue. The result is aligned to past literature that proposes that disruptive child behaviors provide both emotional and work stress to professionals in the therapeutic and rehabilitation environment. The results are in line with the research by Shahid et al. (2024), who reported that Pakistani behavior therapists often get frustrated, psychologically fatigued, and emotionally burdened when working with children with Autism Spectrum Disorder (ASD) and must cope with severe behavioral symptoms (Shahid et al., 2024). Wilcox et al. (2021) also reported that professionals who are exposed to challenging child behaviors do face a tremendous level of burnout and occupational stress because of emotional tolls linked to ongoing behavior management.

Inside the Pakistani cultural setting, these results can be explained by the lack of institutional assistance, insufficient ratio of therapists to children, and absence of specially trained mental health facilities in the rehabilitation centers. In Pakistan, therapists working in special education institutions and autism centers tend to have big cases but under supervision and with little psychological assistance. Moreover, there is still relatively low awareness of developmental disorders in most communities, which has contributed to high parental expectations and pressure on therapists to ensure that a problem can be resolved within a short period of time. It is possible that such work demands amplify stress and emotional fatigue of the therapist. Additionally, the emotional work is also the most important in collectivistic societies such as that of Pakistan where therapists might be expected to feel that they are morally and socially obliged to realize positive therapeutic results using the little available resources.

The results also indicated that the adaptive coping strategies had negative correlation with therapist stress, but the maladaptive coping strategies had a positive relationship with stress. Those therapists who embraced adaptive coping strategies in terms of emotional regulation, problem-solving, social support, and positive re-framing, had reported reduced stress levels to their participants in contrast to those who applied avoidance and emotional withdrawal. These results align with Compas et al. (2021) who concluded that adaptive coping strategies are much more relevant in terms of decreasing the psychological distress and enhancing an emotional adjustment in the stressful environment. Similarly, Selvakumar and Panicker (2020) found that lower stress levels in caregivers were linked to acceptance, planning and emotional support when it came to supporting children with behavioral issues.

The mediating role of coping strategies was another important finding of the present study. The mediation analysis showed that coping strategies played a significant role in explaining the relationship that existed between child behavioral severity and therapist stress. The implication

of this finding is that not all disciplined child behaviors subjected to therapists predispose them to high stress levels, but instead the extent of the stress level is partly dependent on the effectiveness of coping with work dilemma. Adaptive coping therapists were in a better position to control emotional fatigue and workload in the face of disruptive child behaviors. The therapists who made use of maladaptive coping mechanisms, on the other hand, were more stressed and psychologically weary.

This observation is highly suggestive in the light of the Transactional Model of Stress and Coping that Richard Lazarus and Susan Folkman proposed which argues that a certain stress outcome can be explained by cognitive appraisal and subsequent responses of individuals to stressful experiences. In the current research, extreme behaviors of a child served as occupational stressors, and coping strategies also impacted the response of therapists to the experience and their psychological consequences. The results thus confirm theoretical supposition that adaptive coping can cushion the adverse psychological impacts of stressful experiences in the workplace.

The current results can also be substantiated by the works of Furrakh and Anjum (2020) who discovered that emotional support, acceptance, and religious coping are the most frequent coping strategies that individuals work with when they deal with children with ASD. Religious coping and family support in Pakistan could have especially significant roles due to the specificity of collectivistic cultural values that place interpersonal support, patience, and spiritual strength when facing stress. Spirituality, prayer, and social support networks can provide therapists in Pakistan with emotional relief when they experience occupational stress due to severe child behaviors. Nevertheless, the lack of informal psychological support alongside occupational burnout may make a significant number of therapists reluctant to turn to formal psychological help, thus exposing them to the risks of chronic stress and emotional burnout.

The other relevant culture that affects stress among therapists in Pakistan is that the society does not understand behavioral disorders. Most parents and members of the community might think that behavioral problems are discipline issues rather than neurodevelopmental symptoms that result in blame and criticism of therapists when a process in treatment takes a long time. These stressors can also help to cause emotional burnout and decrease job satisfaction in therapists. Moreover, poor pay, professional insecurity, and professional under-appreciation at the workplace in Pakistani rehabilitation centres can further aggravate professional stress among behavioral therapists in Pakistan.

Overall, the results of the current research can be added to the literature as they demonstrate the psychological effects of the severity of child behavior on the therapist and the protective effect of coping strategies. The research uses the same lines of study to continue the global results in a Pakistani context, where studies in relation to therapist mental health are scarce. These results imply that coping-based interventions, stress management, supervision support, mindfulness training, and institutional mental health support can be used to decrease stress in therapists and enhance their professional well-being. Improving coping mechanisms of therapists can eventually lead to better quality of therapeutic interventions offered to children with developmental and behavioral disorders.

Practical Implications

The results of the current research make it clear that psychological support and interventions based on coping should be offered by the therapists who work with children with severe behavioral problems. In Pakistan, autism centers, rehabilitation clinics, and special education institutions need to host stress management workshops, mindfulness trainings, and supervisory

programs to enhance the emotional well-being and professional resilience of therapists. The research also underlines that institutional support structures, manageable caseloads, and reactions to therapists should be incorporated, which will enable therapists to alleviate the occupational tension and enhance the quality of the therapeutic programs offered to children having developmental disorders.

Limitations and Suggestions

The current research has several limitations. To begin with, the weakness of the research design as a cross-sectional does not allow assessment of causal relationships between variables. Second, self-report questionnaires were used to collect data, which could have prepared the likelihood of the potential response bias and the social desirability of the response. Third, therapists based rehabilitation centers and institutions specializing in autism in Pakistan were prominent in the study, and as a result, the findings are not as applicable to other professionals and populations. Longitudinal research, conjoint research approaches need to be employed in future studies to comprehend how stress among therapists' changes with time better. Other psychological variables that can be considered mediators or moderators that researchers can study include resilience, emotional intelligence, mindfulness, and support of a supervisor. In addition, subsequent research ought to involve more and heterogeneous samples across other cities and healthcare places in Pakistan to better generalize the results.

Conclusion

The current research arrived at the conclusion that child behavioral severity plays a major role in enhancing the level of therapist stress in those professionals dealing with children with developmental and behavioral disorders. The mediation in this relationship was highly impacted by coping strategies, and it suggests that adaptive coping mechanisms can help alleviate psychological distress and occupational burden in therapists. The results highlight the necessity of establishing coping-oriented training interventions and institutional assistance program to enhance the well-being of therapists and increase their therapeutic effectiveness in rehabilitation.

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