

Compassion Fatigue and Coping Strategies Among Applied Behavior Analysis (ABA) Therapists: Basis for Enhancement Support Program

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Index Terms:

Applied Behavior Analysis, compassion fatigue, burnout, secondary traumatic stress, resilience, therapist well-being, mixed-method research

Abstract. This mixed-method study explored the levels, predictors, and lived experiences of compassion fatigue among Applied Behavior Analysis (ABA) therapists, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of their professional well-being. Sequential explanatory design was implemented involving 88 full time ABA therapists. Quantitative data were measured using the Professional Quality of Life Scale (ProQOL) while qualitative data were gathered through semi-structured interviews. Quantitative findings high level of compassion satisfaction ($M=42.62$) and low levels of burnout ($M=20.46$) and secondary traumatic stress ($M=21.39$), suggesting that while ABA therapists experience strong professional fulfillment, subtle emotional strain persists, particularly among those deeply engaged in client care. Also, the coefficients analysis identified sex as the only significant predictor of compassion fatigue ($\beta = .225$, $t = 2.063$, $p = .042$). The positive unstandardized coefficient ($B = 0.128$) indicates that female therapists tended to report higher levels of compassion fatigue than their male counterparts. Moreover, qualitative results further illuminated the recurring themes of emotional overinvestment, difficulty maintaining professional boundaries, disrupted rest, and reliance on informal coping strategies. Despite these challenges, participants emphasized fulfillment derived from witnessing client progress, demonstrating resilience and a strong commitment to their therapeutic role. The sets of findings gave rise to the STAR Program: Strengthening Therapists' Awareness and Resilience against Compassion Fatigue. This evidence-based, needs-responsive intervention aims to promote early detection of compassion fatigue, enhance emotional regulation, and reinforce adaptive wellness and reflective practices tailored to the clinical realities of ABA work. The program emphasizes awareness-building, structured peer support, and the cultivation of sustainable coping strategies to safeguard the therapists' emotional health and professional effectiveness.

Introduction

In clinical and therapeutic settings, professional workers embody the essence of compassionate care through their unwavering commitment to enhancing the lives of others. Whether within hospitals, rehabilitation centers, or outpatient clinics, professionals such as doctors, nurses, physical therapists, counselors, and psychologists devote themselves to the intricate processes of healing and rehabilitation. Their work features routine job functions that are imbued with empathy, perseverance, and a profound sense of purpose. Among these professionals are Applied Behavior Analysis (ABA) therapists, who work intensively with individuals exhibiting developmental challenges. Their work is often characterized by deeply personalized care plans, emotional investment, and long-term client engagement. Fulfilling these roles can also be physically and emotionally taxing, particularly when progress is gradual or clients present with highly challenging behaviors.

The constant exposure to the emotional struggles and behavioral challenges of clients places these professionals at risk of developing compassion fatigue. Compassion fatigue is defined as a state of emotional and physical exhaustion that results

from the prolonged caregiving of individuals who are suffering. Clay (2022) describes it as secondary traumatic stress, common in healthcare and therapy professions where prolonged exposure to clients' trauma leads to psychological distress. Symptoms may include emotional numbness, depersonalization, irritability, and reduced job satisfaction (Psychology Today, 2024). The repetitive exposure to high-stress scenarios without sufficient recovery time creates a significant emotional toll, making self-regulation and resilience indispensable components of long-term professional sustainability. Furthermore, understanding the demographic profile of Applied Behavior Analysis (ABA) therapists is vital in addressing the issue of compassion fatigue within the profession. Compassion fatigue, characterized by emotional exhaustion and a diminished capacity for empathy, is a significant concern among ABA therapists due to the intense and emotionally demanding nature of their work with individuals with autism and other developmental disorders (Flourish Psychology, 2024). Demographic factors such as age, sex, years of experience, nationality and civil status can influence how therapists experience and cope with compassion fatigue (Puro, 2024).

Professionals experiencing compassion fatigue try to develop a variety of coping strategies to preserve their psychological well-being and sustain their therapeutic effectiveness. Research highlights the pivotal role of coping strategies in aiding ABA therapists in navigating the challenges associated with compassion fatigue, enabling them to uphold their well-being and deliver quality care to their clients (Witterschein 2024). These may include self-care routines, emotional regulation techniques, mindfulness practices, and seeking organizational or peer support. Some engage in structured reflective practices or schedule deliberate breaks to reset emotionally. These findings are supported by Slowiak and DeLongchamp (2021) which highlights the critical role of self-care in promoting well-being among ABA professionals. Institutions have increasingly recognized the importance of promoting therapist well-being through mental health support initiatives, employee wellness programs, and fostering a culture of openness about emotional struggles. These coping strategies are not only protective but also essential for sustaining compassion satisfaction, the positive emotional reward from helping others, which can buffer against the detrimental effects of chronic stress. Among ABA therapists, learning to navigate the fine line between professional empathy and personal boundaries is a continuous and important process.

Research Questions

This study aims to explore compassion fatigue and coping strategies among ABA Therapists. It also tries to describe therapist demographics, measure compassion fatigue, identify predictors, explore lived experiences, document coping strategies, and develop a structured support framework for ABA practitioners. Specifically, it aims to answer the following research questions:

1. Describe respondents' demographic characteristics.
2. How may the compassion fatigue of the respondents be measured?
3. How may the profile of the respondents predict the compassion fatigue of the respondents?
4. How do ABA therapists perceive and experience compassion fatigue in their daily practice?

Assumptions of the Study

H01: Profile of the respondents cannot predict compassion fatigue.

Methodology

This study is anchored on Figley's Compassion Fatigue Theory, which conceptualizes compassion fatigue as the emotional and psychological cost associated with prolonged exposure to the suffering and distress of others among helping professionals (Figley, 2002). As helping professionals become emotionally invested in the individuals they serve, they may experience emotional exhaustion, diminished personal well-being, and, at times, a blurring of professional boundaries that can compromise their sense of self. Figley's theory provides a relevant and clinically grounded framework for understanding the interconnected dimensions of compassion satisfaction, burnout, and secondary traumatic stress among ABA therapists, as well as the coping processes they employ in managing the emotional demands of their profession. To further explain the coping processes employed by therapists in managing compassion fatigue, the study also integrates Lazarus and Folkman's Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), which emphasizes the role of cognitive appraisal and adaptive coping strategies in mitigating psychological strain. Together, these frameworks provide a comprehensive theoretical foundation for examining compassion fatigue and coping strategies and for developing a profession-specific support intervention tailored to the unique clinical demands experienced by ABA therapists.

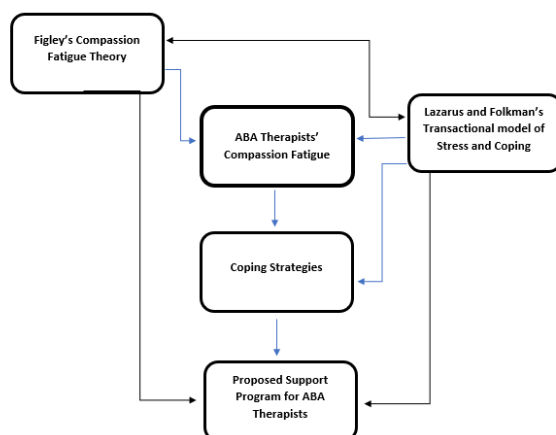


Figure No. 1. Theoretical Framework of the Study

The researcher employed mixed methods research, specifically the sequential explanatory design for this study, an approach that effectively integrates qualitative and quantitative methodologies. Mixed methods research has gained popularity in the social sciences for its ability to bridge the gap between these two paradigms, providing a comprehensive understanding of complex issues (Saraswati et al., 2023).

The quantitative phase involved 88 full-time ABA therapists across multiple clinical departments. Participants completed the Professional Quality of Life Scale (ProQOL) a standardized tool designed to measure compassion satisfaction, burnout, and secondary traumatic stress (Stamm 2010). Multiple regression analysis examined demographic predictors of compassion fatigue.

The qualitative phase utilized purposive sampling, a strategic non-probability sampling technique used to deliberately select participants based on their specific characteristics or criteria, in this case, levels of compassion satisfaction, burnout, and secondary traumatic stress (Bisht, 2024). Therapists demonstrating elevated compassion fatigue indicators were invited to participate in semi-structured interviews. Interview transcripts were analyzed through Braun and Clarke's thematic analysis framework (Braun and Clarke, 2006). Ethical safeguards included informed consent, confidentiality measures, secure data storage, voluntary participation, and adherence to professional ethical standards.



Figure No. 2 Six-step process of Braun and Clarke's method of data analysis

Results and Discussion

Quantitative findings demonstrated a favorable professional quality of life profile. Compassion satisfaction was high ($M=42.62$, $SD=7.05$), burnout was low ($M=20.46$, $SD=8.63$), and secondary traumatic stress was low ($M=21.39$, $SD=9.06$). An overall computed mean score of 28.17 ($SD=8.25$) across the components related to measuring compassion fatigue is also presented. These findings suggest that therapists experience substantial professional fulfillment despite occupational stressors.

<i>Subscales</i>	<i>Mean</i>	<i>SD</i>	<i>Interpretation</i>
<i>Compassion Satisfaction</i>	42.62	7.05	<i>High</i>
<i>Burnout</i>	20.46	8.63	<i>Low</i>
<i>Secondary Traumatic Stress</i>	21.39	9.06	<i>Low</i>
<i>OVERALL</i>	28.17	8.25	<i>Average</i>

Legend: 22 or less - Low; Between 23 and 41 - Average; 42 or more - High

Table No. 1. Compassion fatigue level of the respondents

This table 1 summarizes the descriptive statistics for the subscales of the Professional Quality of Life Scale (ProQOL), including Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). These subscales are used to assess both the protective and risk factors associated with compassion fatigue. An overall computed mean score of 28.17 ($SD=8.25$) across the components related to measuring compassion fatigue is also presented. According to Stamm (2010), this is the most positive result.

The findings of this study indicate that ABA therapists are experiencing a relatively favorable professional quality of life, particularly in terms of Compassion Satisfaction (CS). Quantitative results reveal a mean CS score of 42.62 ($SD = 7.05$), which, according to the interpretive guidelines of the Professional Quality of Life Scale Version 5 (ProQOL v5), places the respondents in the high range. This result represents a person who receives positive reinforcement from their work. They carry no significant concerns about being “boggled down” or inability to be efficacious in their work, either as an individual or within their organization. They do not suffer any noteworthy fears resulting from their work. The elevated level of CS score indicates that an individual experiences a strong sense of meaning, fulfillment, and professional gratification in their caregiving role.

This positive outcome aligns with Stamm’s (2010) assertion that high scores on Compassion Satisfaction reflect meaningful engagement with one’s professional work. According to Stamm (2010), individuals or organizations that report high CS are not only emotionally invested in their roles but are also likely experiencing a strong alignment between their values and the services they provide.

<i>Profile of the respondents predict the compassion fatigue of the respondents</i>							
Model	Unstandardized Coefficients		Standardized Coefficients Beta	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower Bound	Upper Bound
1 (Constant)	2.575	.174		14.785	.000	2.228	2.921
Age	.015	.032	.055	.457	.649	-.049	.078
Sex	.128	.062	.225	2.063	.042	.005	.252
Years	-.039	.032	-.144	-1.215	.228	-.102	.025
Nationality	.005	.004	.149	1.365	.176	-.002	.013
Status	.023	.046	.054	.489	.626	-.069	.115

a. Dependent Variable: Fatigue

Table No. 2 Profile of the respondents predict the compassion fatigue of the respondents

As presented in Table 2, the coefficients analysis identified sex as the only significant predictor of compassion fatigue ($\beta = .225$, $t = 2.063$, $p = .042$). The positive unstandardized coefficient ($B = 0.128$) indicates that female therapists tended to report higher levels of compassion fatigue than their male counterparts. Differences in the experience and expression of compassion fatigue were further highlighted in the qualitative phase of the study, where participants reflected on how sex-related expectations influence their emotional responses in caregiving roles. This is aligned with Thering (2022), noting that female providers often experience heightened levels of compassion fatigue due to both workplace expectations and their roles as primary caregivers in the home. In contrast, age, years of experience, nationality, and civil status did not demonstrate statistically significant relationships with compassion fatigue, suggesting that these demographic variables were not meaningful predictors within the present sample.

Although the quantitative analysis indicated that demographic variables generally did not significantly predict compassion fatigue, participants’ narratives suggested that sex-related expectations may influence how emotional demands are perceived and managed in clinical practice. Male therapists described challenges associated with societal expectations of emotional control and composure, often leading to the internalization of stress and reduced emotional expression. In contrast, female therapists reported heightened emotional sensitivity and a strong caregiving orientation, which facilitated therapeutic rapport but also increased vulnerability to emotional exhaustion.

These findings align with previous studies suggesting that gendered socialization processes may shape emotional labor and coping responses among helping professionals (Aslan et al.2022). While sex alone may not be a strong statistical predictor of compassion fatigue, the qualitative evidence highlights its potential influence on the manifestation and management of emotional strain. Consequently, organizations may benefit from implementing gender-responsive wellness initiatives and support mechanisms that acknowledge diverse emotional experiences and coping needs among therapists.

The study examining how ABA therapists perceive and experience compassion fatigue in their daily practice unfolds this set of identified themes: Emotional and Physical Exhaustion, Emotional Spillover and Detachment, Impact on Professional Functioning, Boundary Challenges and Overinvestment and Disrupted Rest and Cognitive Load, each with distinctive way to describe the complexity and challenges on how ABA therapists enduring compassion fatigue. The themes that emerged from the participants' narratives highlight the multifaceted nature of compassion fatigue and its profound impact on both the personal and professional lives of therapists. This result is supported by Bhandari (2022) which explains compassion fatigue as a state of emotional and physical exhaustion that arises from the sustained exposure to the suffering of others, particularly within caregiving or high-stress professions.

Emotional and physical exhaustion emerged as a dominant theme, characterized by ongoing experiences of physical fatigue, mental weariness, emotional depletion, and a marked decline in motivation. Respondents described a persistent sense of being drained, both physically and emotionally, which interfered with their capacity to sustain the energy and presence of mind required when they are on shift. The relentless emotional labor and behavioral demands placed on them resulted in a gradual depletion of enthusiasm and motivation, with many reporting an inability to fully recharge between workdays. This finding is consistent with existing literature indicating that ABA therapists frequently experience emotional exhaustion and overwhelm as a result of the demanding nature of their work (Connections, 2024).

In parallel, emotional spillover and detachment became evident in accounts of emotional boundaries becoming increasingly vulnerable. Participants found it difficult to leave their work-related emotions at the workplace and bring it home, leading to emotional overextension that impacted their personal well-being. As these individuals tried to countermeasure this kind of situation, some adopted emotional distancing strategies during sessions, which, while self-protective, led to reduced emotional engagement with clients. Others reported internalizing clients' struggles, resulting in emotional contagion that disrupted their capacity to remain emotionally regulated both at work and in their personal lives. Oberg and Carroll (2023) and Floyd et al. (2024) aligned with the results, which states prolonged exposure to the emotional and psychological strains of managing difficult behaviors can lead to depersonalization, a key feature of emotional distancing, which affects professionals' interactions not only at work but also within their personal relationships.

Impact on professional functioning was strongly conveyed through diminished engagement, reduced patience, and compromised care quality. Participants acknowledged that compassion fatigue really affects their attentiveness and responsiveness negatively, leading to lapses and lack of procedural integrity and lower levels of job satisfaction. They described noticeable changes in their professional identities—from passionate and highly motivated to detached and fatigued—as their emotional reserves were affected. This deterioration in work performance was accompanied by feelings of guilt and self-doubt, further aggravating their internal distress and other work issues. This resonates with Jackson (2023), who emphasizes that as therapists experience the struggle brought by his profession, exhaustion and self-doubt, their ability to remain fully present, responsive, and empathetic becomes compromised due to compassion fatigue.

Boundary Challenges and Overinvestment emerged also as a distinct theme, marked by participants' difficulty in separating their emotional investment in clients from their personal lives. Respondents reported being deeply emotionally involved in the outcomes and well-being of those children that they teach, often finding it challenging to mentally disengage after their shift. This emotional overinvestment led to a persistent cognitive preoccupation, where thoughts about clients and therapeutic encounters intruded into personal time. The blurring of work-life boundaries fostered emotional fatigue, as the inability to separate professional responsibilities hindered opportunities for psychological recovery and personal autonomy (Friedman and El-Roy, 2024).

Lastly, disrupted rest and cognitive load was conveyed through frequent reports of sleep disturbances, intrusive thoughts, and overwhelming mental strain. Participants described both insufficient and poor-quality sleep, often attributed to work-related stress or vicarious trauma. Some experienced racing thoughts or even dreams related to work, indicating an ongoing state of cognitive hyperactivity. This lack of restorative rest, combined with the intense mental demands of their roles, contributed to a continuous cycle of exhaustion and reduced cognitive functioning. As a result, participants noted a decline in their concentration, decision-making, and overall productivity, further compounding their psychological and emotional burden. These challenges reflect how compassion fatigue not only affects emotional and physical states but also interferes with essential restorative processes, exacerbating stress and diminishing professional effectiveness (Connections, 2024).

The themes that emerged from the participants' narratives highlight the multifaceted nature of compassion fatigue and its profound impact on both the personal and professional lives of therapists. The participants' accounts revealed how this phenomenon extends beyond the workplace, influencing their emotional well-being, interpersonal relationships, cognitive functioning, and job performance. These findings highlight the complexity of compassion fatigue as not merely a reaction to workplace stress, but as a psychological toll and deeply personal experience that can diminish therapeutic presence, disrupt boundaries, and impair overall personal and professional functioning over time.

The findings of this study revealed that while Applied Behavior Analysis (ABA) therapists report high levels of compassion satisfaction, indicating strong professional fulfillment and meaning derived from their work, they are not immune to the emotional demands inherent in their profession. The quantitative and qualitative findings highlight the need for a structured, evidence-informed program tailored specifically to the demands of ABA therapy rather than broad, generalized mental health interventions.

The STAR Program: Strengthening Therapists' Awareness and Resilience was conceptualized in direct response to these results, bridging the gaps identified between existing coping practices and the actual demands of ABA clinical work. Current mental health programs often fail to account for the unique stressors of ABA therapists, such as repeated exposure to client behavioral challenges, extensive administrative demands, and the emotional weight of client progress or regression.

The STAR Program addresses these gaps by focusing on early detection of compassion fatigue through structured assessments and self-monitoring tools, psychoeducation on compassion fatigue and resilience, and ABA-specific coping strategies that include boundary-setting, mindfulness during therapeutic sessions, and structured debriefing practices. Additionally, the program integrates time-task management training, caseload mapping, and peer support mechanisms to strengthen organizational and team-based responses to workload stressors.

Conclusion and Recommendations

The findings revealed that ABA therapists generally experience high levels of compassion satisfaction alongside low levels of burnout and secondary traumatic stress, indicating a positive overall professional quality of life. Despite these favorable outcomes, qualitative findings demonstrated that therapists continue to encounter emotional exhaustion, emotional spillover, boundary challenges, and cognitive strain associated with the demands of client-centered care. Furthermore, sex emerged as the only significant demographic predictor of compassion fatigue, with female therapists reporting slightly higher levels than their male counterparts.

These results suggest that compassion fatigue among ABA therapists is a multifaceted phenomenon influenced not only by individual characteristics but also by the emotional and organizational demands of therapeutic work. Consequently, ABA organizations should prioritize therapist well-being through structured wellness initiatives, supportive supervision practices, peer-support opportunities, and resilience-building programs.

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The STAR Framework developed from this study provides a practical and evidence-informed approach to promoting therapist awareness, resilience, and professional sustainability. Future research should continue to investigate factors beyond demographics and evaluate the long-term effectiveness of organizational interventions designed to reduce compassion fatigue and enhance professional quality of life among ABA therapists.

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The implementation of the STAR Program will be entrusted to professionals with expertise in both behavior analysis and mental health. Ideally, facilitators would be Board Certified Behavior Analysts (BCBAs) or Qualified Applied Behavior Analysis (QABA) supervisors, given their advanced training in clinical supervision, therapeutic engagement, and the unique demands of ABA practice. To ensure a holistic and clinically sound implementation, collaboration with licensed mental health professionals like clinical psychologists or counselors, is also recommended, particularly in modules addressing mindfulness, stress regulation, and emotional resilience.

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Competing Interests Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study; all data used were obtained from previously published sources as cited in the reference list.

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Appendices

No appendices are attached to this study.