

Stress Management of Therapists in Dealing with Children with Autism Spectrum Disorder (ASD) Who are Exposed to Gadgets in the Digital Era

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ABSTRACT

In the era of globalisation, the use of gadgets has increased rapidly, including among children, bringing both positive and negative impacts. In children with Autism Spectrum Disorder (ASD), gadgets trigger aggression, reduce focus, and lead to repetitive behaviours, stimming, and babbling, making them a challenge for therapists. This study aims to analyse therapists' stress management in handling children with ASD who are exposed to gadgets. Using a descriptive qualitative approach with four informants through interviews, observations, and documentation, the data were analysed using NVivo 12. The results show that therapists manage stress through relaxation, emotional release, and mindfulness, which are generally effective in preventing burnout, although there are differences in satisfaction among the informants.

ABSTRAK

Di era globalisasi, penggunaan gadget meningkat pesat termasuk pada anak-anak, memberikan dampak positif maupun negatif. Pada anak dengan Autism Spectrum Disorder (ASD), gadget memicu agresivitas, menurunkan fokus, serta memunculkan perilaku berulang, stimming, dan babbling sehingga menjadi tantangan bagi terapis. Penelitian ini bertujuan menganalisis manajemen stres terapis dalam menangani anak ASD yang terpapar gadget. Menggunakan pendekatan kualitatif deskriptif dengan empat informan melalui wawancara, observasi, dan dokumentasi, data dianalisis menggunakan NVivo 12. Hasil menunjukkan terapis mengelola stres melalui relaksasi, rilis emosi, dan mindfulness, yang umumnya efektif mencegah burnout meski ada perbedaan kepuasan antar informan.



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INTRODUCTION

In the era of globalization, the rapid advancement of science and technology has significantly transformed communication tools, evolving from traditional newspapers and landline telephones to modern gadgets such as smartphones, laptops, tablets, and iPads. This technological proliferation has led to widespread gadget usage across all age groups, including children and adolescents (Yumarni, 2022). While gadgets offer cognitive benefits by stimulating both the right and left brain hemispheres, their excessive use poses detrimental effects on children's development, including neural damage from radiation and reduced social interaction skills (Yumarni, 2022; Itsna & Rofi'ah, 2021). Particularly concerning is the impact on children with Autism Spectrum Disorder (ASD), a neurodevelopmental condition characterized by impairments in cognitive, behavioral, emotional, and social domains (Katilik & Djie, 2022). ASD children often struggle with direct social interaction and nonverbal communication, challenges that can be exacerbated by excessive gadget exposure, leading to intensified behavioral issues such as aggression and communication deficits (Fatmawati et al., 2022).

Previous studies have highlighted the importance of Applied Behavior Analysis (ABA) therapy in improving communication and social skills in children with ASD, emphasizing the

role of trained therapists in delivering consistent and structured interventions (M Zumayyah et al., 2021; Yunusiyah & Muhammad, 2024). However, the demanding nature of working with ASD children, especially those exhibiting aggressive behaviors potentially linked to gadget overuse, places considerable psychological and emotional stress on therapists (B & Darmawan, 2024; Bottini et al., 2020). Research indicates that therapists frequently experience burnout, anxiety, and decreased job satisfaction due to high workloads, challenging child behaviors, and insufficient support systems (Situngkir, 2018; B & Darmawan, 2024). Despite recognition of these stressors, there remains a paucity of research focusing on effective stress management strategies tailored specifically for therapists working with ASD children in the context of increasing gadget exposure.

This study addresses the critical gap by investigating the stress factors experienced by therapists handling ASD children affected by gadget-induced behavioral issues and exploring targeted stress management interventions. The novelty of this research lies in its focus on the intersection between gadget exposure, ASD child behavior, and therapist stress, an area that has received limited empirical attention in recent literature. The hypothesis posits that implementing structured stress management techniques can significantly reduce occupational stress among therapists, thereby enhancing therapy quality and therapist well being.

To approach this problem, the study employs a mixed-methods design combining quantitative assessment of stress levels with qualitative exploration of coping strategies among therapists. Interventions such as mindfulness, relaxation techniques, and social support mechanisms will be evaluated for their effectiveness in mitigating stress. The expected outcome is to provide evidence based recommendations for stress management protocols that improve therapist resilience and optimize therapeutic outcomes for children with ASD.

LITERATURE REVIEW

The Influence Stress Management Of Therapists In Dealing With Children With Autism Spectrum Disorder (Asd) and Exposed To Gadgets In The Digital Era

Therapists' stress is not only caused by the physical demands of their work but also by the dynamic and complex interactions with ASD children. Gadget exposure often results in attention difficulties, loss of intrinsic motivation for social interaction, and resistance to structured therapeutic instructions. These conditions create significant obstacles in building therapeutic rapport, which is crucial for the success of intervention. Moreover, therapists frequently experience psychological pressure such as anxiety before therapy sessions, emotional fatigue, and even feelings of helplessness when interventions do not produce the expected outcomes. In some cases, this contributes to decreased job satisfaction, mental health disturbances, and symptoms of burnout. However, such stressful experiences can also become reflective turning points, encouraging therapists to adopt coping strategies, enhance adaptive skills, and strengthen resilience through clinical supervision, peer support, or additional training.

H1 : Therapists' Experiences in Coping with Stress When Handling Children with Autism Spectrum Disorder (ASD) Exposed to Gadgets

Stress is both a physiological and psychological response to external or internal pressure. For therapists, stress management is crucial to maintain professional performance and mental health. Several strategies have been identified :

1) Mindfulness Training

Mindfulness emphasizes full awareness as a method of stress management (Handayani et al., 2021). Research confirms its effectiveness in reducing work stress (Cahyaningrum et al., 2024). By practicing mindfulness, therapists become more aware of stress indicators and prevent negative thinking patterns.

2) Relaxation Techniques

Relaxation methods such as deep breathing, yoga, and progressive muscle relaxation help reduce physiological stress responses (Azhar et al., 2023; Ismarahmadianti, 2024). Evidence shows relaxation significantly decreases work stress, for example through Benson relaxation interventions in healthcare professionals (Purwati et al., 2023).

3) Meditation

Meditation supports stress reduction by improving focus, emotional regulation, and inner calm (Novriyanti et al., 2023). It has been proven effective as a non-pharmacological intervention to manage stress and enhance emotional resilience (Hanum et al., 2024).

4) Time Management

Time management skills enable therapists to prioritize tasks, avoid overload, and reduce stress by creating a sense of control over their responsibilities (Ompusunggu, 2022). Research shows proper time management decreases stress while improving productivity (Hariani et al., 2021).

H2 : Stress Management Strategies Used by Therapists in Facing Challenges with ASD Children Exposed to Gadgets

Gadget exposure among ASD children brings negative consequences, including dependency on visual-auditory stimuli, reduced attention span, and regression in social skills. These behaviors hinder the effectiveness of therapy, as therapists must first reduce gadget dependency before continuing intervention. As a result, therapists' workload increases significantly. They must develop more individualized strategies, extend therapy sessions, and employ motivational approaches to rebuild therapeutic engagement. Over time, this added burden can create psychological strain, heightening the risk of emotional exhaustion and burnout. Thus, managing gadget exposure requires a holistic intervention involving parents, therapists, and social support systems to minimize negative impacts and maintain therapy effectiveness.

H3 : The Impact of Gadget Exposure on ASD Children Toward Therapists' Workload and Stress

Therapeutic interaction is reciprocal and deeply influenced by children's behavior and engagement. In ASD children, gadget dependency often fosters passive responses and distractibility, which interrupt the flow of communication during therapy sessions. As a result, therapists face repeated challenges such as tantrums when gadgets are restricted, refusal to engage in therapy, or lack of eye contact. These disruptions negatively affect therapists' emotional well being. Positive interaction is a major source of motivation and job satisfaction, but when it is repeatedly hindered, therapists experience frustration and stress. In the long term, therapists must continually adapt while maintaining patience and professionalism, which increases emotional strain. Therefore, limiting gadget use, strengthening therapists' emotional resilience, and ensuring institutional or peer support are essential to reduce emotional burden and safeguard therapy quality.

H4 : Interaction Between Therapists and ASD Children Exposed to Gadgets Influences Therapists' Emotional State and Stress

Conceptual Framework

To clarify the relationship between variables, this study integrates the Transactional Model of Stress and Coping by Lazarus & Folkman (2010) and the Job Demand–Resource (JD-R) Model. Both models provide a conceptual framework for understanding how gadget exposure among ASD children can increase therapists' stress and how stress management strategies function as resources to mitigate such effects.

1. Gadget Exposure in ASD Children
 - Increases aggressive behavior, stimming, babbling, and reduced focus (Fatmawati et al., 2022).
 - Triggers resistance to structured therapy instructions and lowers intervention effectiveness (M Zumayyah et al., 2021; Yunusiyah & Muhammad, 2024).
2. Child Behavior and Therapist Workload
 - Maladaptive behaviors caused by gadget exposure increase therapists' workload, prolong therapy sessions, and decrease children's motivation to engage (Bottini et al., 2020).
 - According to the JD-R Model, these conditions are categorized as job demands that heighten the risk of stress and burnout (B & Darmawan, 2024).
3. Therapist Stress
 - Stress arises when job demands exceed individual coping resources (Lazarus & Folkman, 2010).
 - Manifested as emotional exhaustion, frustration, anxiety, and reduced job satisfaction (Situngkir, 2018).
4. Stress Management Strategies (job resources)
 - Therapists employ mindfulness (Handayani et al., 2021; Cahyaningrum et al., 2024), relaxation (Azhar et al., 2023), emotional release (Beltrani, 2022), meditation (Novriyanti et al., 2023), and social support (Taylor, 2015).
 - These strategies serve as resources in the JD-R Model, buffering job demands, reducing stress, preventing burnout, and maintaining professionalism.
5. Outcome
 - Effective coping enables therapists to maintain professionalism, responsibility, and therapy quality.
 - Ineffective coping increases the risk of burnout and reduces the effectiveness of therapeutic services.

Operational Definition Variables

To provide clarity and measurable indicators, this study defines its core concepts operationally. The main variables include therapist stress, stress management strategies, and outcomes related to therapist well-being.

Table 1. Operational Definition of Research Concepts

Concept/ Variable	Operational Definition	Indicators / Dimensions	Example References
Therapist Stress	A psychological and emotional state resulting from demands of handling ASD children	- Emotional exhaustion (frustration, anxiety, helplessness) - Increased workload (longer sessions,	Lazarus & Folkman (2010); Situngkir (2018); Bottini et al.

Concept / Variable	Operational Definition	Indicators / Dimensions	Example References
	exposed to gadgets, when demands exceed coping capacity.	repetitive instructions) - Burnout symptoms (loss of motivation, reduced job satisfaction)	(2020)
Stressors (Job Demands)	Situational factors that increase pressure on therapists.	- Child aggression, tantrums, repetitive behaviors (stimming, babbling, echolalia) - Reduced focus and resistance to therapy - Lack of parental support	Fatmawati et al. (2022); B & Darmawan (2024)
Stress Management (Coping Strategies)	Cognitive and behavioral efforts to reduce, tolerate, or manage stressors.	- Mindfulness practices (awareness, acceptance) - Relaxation techniques (breathing, muscle relaxation, yoga) - Emotional release (catharsis, crying, sharing with peers) - Meditation and time management	Handayani et al. (2021); Azhar et al. (2023); Novriyanti et al. (2023); Beltrani (2022)
Social Support (Resources)	External support received from parents, colleagues, or supervisors that helps buffer stress.	- Emotional support (listening, empathy) - Informational support (advice, feedback) - Instrumental support (collaboration, shared responsibility)	Taylor (2015)
Therapist Well-being (Outcomes)	The condition achieved when stress is effectively managed.	- Maintained professionalism - Prevention of burnout - Sustained motivation and job satisfaction - Positive therapeutic outcomes for children	Kabat-Zinn (2012); Benson & Proctor (2011)

Source : Data Result 2025

RESEARCH METHOD

This study employed a descriptive qualitative research design aimed at exploring and describing the experiences and perspectives of therapists working with children with Autism Spectrum Disorder (ASD) exposed to gadgets. According to Sugiyono (2020), qualitative descriptive research seeks to capture real-life phenomena systematically and deeply, focusing on the meaning behind participants' experiences.

Informants and Sampling

The study involved four therapists selected through purposive sampling. The inclusion criteria were: (1) therapists with at least three years of experience in handling children with ASD; (2) direct experience in managing therapy sessions with ASD children exposed to gadgets; and (3) willingness to participate voluntarily. Exclusion criteria included therapists with less than three years of experience or no exposure to cases involving gadget-related behavioral challenges.

Two informants were center-based therapists (Bandung and Palangka Raya), while two others were home-based therapists practicing independently after autism training (Bandung

and Yogyakarta). Their ages ranged from 25 to 35 years, with academic backgrounds in psychology, special education, and social welfare. Each had applied Applied Behavior Analysis (ABA) therapy methods consistently in their practice.

Data Collection

Data were collected using semi-structured and in-depth interviews, supported by non-participant observations and document analysis. Interviews were conducted both offline and online (via Zoom), each lasting 45–60 minutes, guided by open-ended questions regarding stress factors, coping strategies, the impact of gadget exposure, and social support. Observations were carried out to capture therapists' non-verbal behaviors and contextual interactions during therapy sessions. Additional documents, such as therapy notes and personal reflections, were reviewed to complement the data.

Data Saturation

Data collection was concluded after the fourth informant as data saturation was reached, indicated by the repetition of information and absence of new emerging themes. This ensured that the collected data were sufficient to represent the studied phenomena.

Data Analysis

The data were analyzed using NVivo 12 software. A thematic analysis approach was applied to code, categorize, and identify recurring themes related to stress factors, coping mechanisms, and the impact of gadget exposure on therapy sessions.

Validity and Reliability

To strengthen the credibility and trustworthiness of findings, the following triangulation techniques were used:

1. Source triangulation: comparing data across therapists working in different settings (center-based vs. home-based).
2. Method triangulation: combining interviews, observations, and documentation to cross-check data consistency.
3. Theory triangulation: interpreting data using Lazarus & Folkman's (2010) Transactional Model of Stress and Coping, Kabat-Zinn's (2012) mindfulness framework, and the Job Demand-Resource model.

The validity of instruments was ensured by expert review of the interview guidelines prior to data collection. Reliability was supported through systematic coding using NVivo and peer debriefing with academic supervisors to confirm accuracy and consistency in data interpretation.

RESULTS AND DISCUSSION

Respondent

This study involved 4 therapists who have worked with children with ASD for over 3 years, both those exposed to gadgets and those who were not, thus possessing sufficient in-depth knowledge of children with ASD. This study involved four therapists with 4–5 years of experience handling children with Autism Spectrum Disorder (ASD). SH (UIN Bandung) and LL (Palangka Raya University) served as center-based therapists, while YSH (Polytechnic of Social Welfare Bandung) and K (Alma Ata University Yogyakarta) worked as home-based therapists after training at the Autism Center. Interviews conducted via Zoom in May 2025 revealed that all informants were cooperative, detailed in sharing experiences, and showed professionalism and enthusiasm in discussing their work with ASD children.

Source Triangulation

1. Therapists' Experience in Coping with Stress when Handling Children with Autism Spectrum Disorder (ASD) Exposed to Gadgets

Based on Nvivo analysis, the two center based therapists (SH and LL) reported lower stress compared to the two home-based therapists (YSH and K). SH showed the lowest stress (2.04%) with relatively higher experience (7.37%), while K showed the highest stress (7.08%) with lower experience (3.73%). This suggests that less experience in handling ASD children exposed to gadgets correlates with higher stress levels. Each therapist described different stressors: SH emphasized eliminating negative thoughts before therapy, LL highlighted children's unpredictable moods and tantrums, YSH noted stagnation in children's progress, and K identified repetitive behaviors as a major trigger.

2. Stress Management Strategies Used by Therapists

Therapists applied various coping strategies such as relaxation, mindfulness, and emotional release. Nvivo results showed LL (13.74%) and YSH (13.59%) reported the highest use of stress management strategies, followed by K (7.15%) and SH (2.9%). These methods were considered effective in helping therapists relax, accept the situation, and think logically when solving problems. Three therapists expressed satisfaction with their coping methods, while one felt less satisfied due to the unpredictability of children's daily behaviors.

3. The Impact of Gadget Exposure on Therapists' Workload and Stress

Nvivo coding indicated 36 references for gadget impact, 17 for therapist stress, and 12 for therapist responsibility. This shows that the more severe the effects of gadget exposure on ASD children, the higher the stress and workload for therapists. Reported impacts include increased aggressiveness, difficulty focusing, stagnation in development, regression of previously acquired skills, and repetitive behaviors such as stimming, babbling, and echolalia. These challenges not only increase therapists' responsibilities but also act as major stressors.

4. Interaction Between Therapists and ASD Children Exposed to Gadgets Affects Emotional Conditions and Stress

Analysis showed 17 references for therapist stress and 16 for therapist-child interaction. Therapists reported that gadget exposure reduced children's focus, eye contact, and meaningful communication, while increasing repetitive questioning and distractibility. As a result, interaction quality declined, requiring repeated instructions and redirection. This strained communication often became emotionally exhausting for therapists, and if not managed properly, could lead to prolonged stress.

Method Triangulation

1. Therapists' Experience in Facing Stress when Handling Children with Autism Spectrum Disorder (ASD) Exposed to Gadgets

The Nvivo analysis showed varying proportions between experience and stress. SH discussed the most about experiences (7.37%) but the least about stress (2.04%). Conversely, LL spoke less about experience (4.53%) but more about stress (13.63%). YSH (experience 4.85%, stress 5.6%) and K (experience 3.73%, stress 7.08%) fell in between. This indicates that the frequency of discussing experiences does not necessarily correlate with stress levels. Despite stressful

situations caused by gadget exposure, therapists often responded with professionalism, smiling or laughing during interviews, and avoided bringing negative moods into therapy sessions.

2. Stress Management Strategies Used by Therapists

The interviews revealed that almost all therapists applied similar coping strategies, including relaxation, mindfulness, and emotional release. These approaches were reported as effective in reducing stress, allowing therapists to remain professional, manage emotional stability, and avoid burnout while delivering therapy to ASD children.

3. The Impact of Gadget Exposure on Therapists’ Workload and Stress

All four children discussed in the study were exposed to gadgets. Therapists agreed that gadgets had almost no positive impact. Instead, children showed regression, aggressiveness, repetitive behaviors, reduced focus, stimming, babbling, and echolalia. These challenges increased therapists’ workload and contributed to stress, as therapists felt responsible for the children’s progress and viewed setbacks as personal failures. Nonetheless, even under stress, therapists maintained professionalism, remaining cheerful and positive toward both children and parents.

4. Interaction Between Therapists and ASD Children Exposed to Gadgets and Its Effect on Emotional Condition and Stress

SH (8.01%) and LL (7.43%) discussed interaction issues more frequently than YSH (4.74%) and K (4.45%). All therapists highlighted that gadget exposure disrupted children’s focus, eye contact, and compliance with instructions. Repeated reminders were often necessary, slowing therapy sessions and sometimes triggering frustration. Maintaining effective communication was difficult, as children could suddenly lose eye contact, laugh, or become distracted by remembered gadget content. These interaction difficulties added to therapists’ emotional strain and became a recurring source of stress.

Interview Result

Table 2. Interview Result

Informant	Stress Factors	Stress Management	Gadget Impact	Social Support	Therapist Motivation
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SH (Key Informant 1)	Stress occurs when therapist lacks mastery of theory and is not fully present during therapy; negative thoughts about inability to handle aggressive behavior; children imitating inappropriate content from gadgets leading to stimming and babbling, reducing focus.	Emotion release before sessions (approx. 2 minutes); considered effective but less satisfying due to unpredictable child behavior; plans to try other coping strategies in the future.	Children without dietary restrictions, especially electronic diet, tend to be more aggressive, show stimming, babbling, and regression; gadget exposure causes children to forget previously mastered fine motor skills.	Parent support is crucial; effective collaboration between therapist, parents, and doctors is necessary; gadget restrictions must be enforced to avoid therapy setbacks.	Initially motivated by professional duty, later transformed into a calling of the heart; emphasizes adapting teaching methods to children's learning styles; believes healing is possible through ABA therapy.
LL (Key Informant 2)	Stress arises when children are in prolonged bad moods or tantrums without known causes; difficult to manage sessions, leading to unstable therapist emotions and higher workload.	Uses relaxation for mild stress; for severe stress, isolates in room for 24 hours, cries, and shares with colleagues or parents; finds strategies effective and satisfying.	Gadget exposure reduces sensory response, focus, and social interaction; children distracted by songs/games, often singing and unable to focus; almost no positive effect of gadgets.	Sharing with parents and colleagues helps relieve stress; being heard and receiving advice reduces emotional burden.	Initially no motivation besides work, later developed desire to help ASD children; emphasizes patience, sincerity, and wholehearted effort in therapy.

YSH (Additional Informant 3)	Stress when children show stagnation in progress, lack of parental support, or when colleagues experience burnout; difficulty introducing children to new environments; strategies effective one day may fail the next.	Uses relaxation (deep breathing, mindfulness); for heavier stress, goes shopping or watches movies; plans to add time management and balance between problem-focused and emotion-focused coping.	Gadget-exposed children show poor emotional regulation, more tantrums, aggressive behaviors, and poor social interaction; therapy success hindered if parents do not enforce electronic diet.	Social support considered essential; parents and colleagues provide different perspectives and shared solutions; some issues cannot be solved alone.	No initial motivation, but grew to enjoy working with ASD children; emphasizes entering children's world rather than forcing them into ours.
K (Additional Informant 4)	Stress arises from children's sudden tantrums without clear causes; repetitive questioning behaviors; if therapist fails to control emotions, stress increases and mood worsens during therapy.	Uses relaxation and sleep (2–3 hours); effective for clearing burdens and refreshing the mind; satisfied with current coping strategy, open to new ones if necessary.	Children exposed to gadgets show slower responses, poor focus, repetitive stimming and babbling, and regression; therapists feel stressed when unable to manage these behaviors.	Support from colleagues through sharing and problem-solving reduces stress; expects stronger parental role in limiting gadget use to avoid therapy regression.	Gains valuable patience and gratitude from working with ASD children; considers it a privilege to accompany them; encourages colleagues to stay motivated.

Source : Data Result 2025

Data Analysis and Thematic Findings

The data were analyzed using thematic analysis with the support of NVivo 12 software. The analysis followed Braun and Clarke's (2006) stages: (1) familiarization with data by repeated reading of transcripts, (2) generating initial codes in NVivo, (3) organizing codes into potential themes, (4) reviewing and refining themes, and (5) presenting final themes with supporting quotes.

NVivo Coding Tree

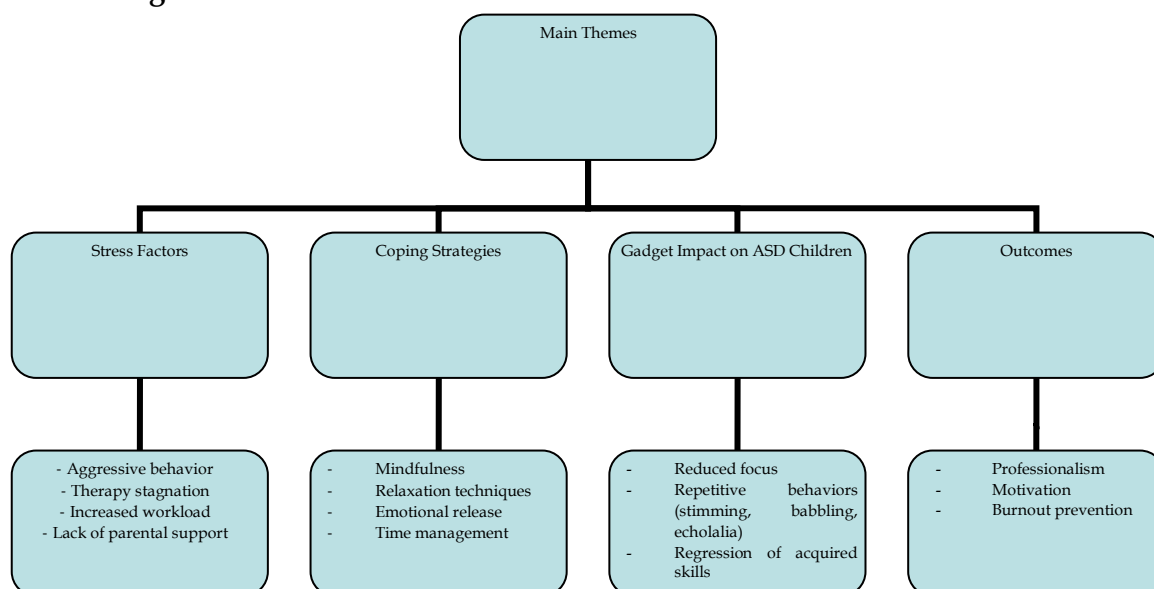


Figure 1. Coding tree of NVivo 12 thematic analysis.

Source : Data Result 2025

Frequency of Themes

Table 3. NVivo Theme Frequency Results

Theme	References (n)	% Coverage
Stress Factors	45	32%
Coping Strategies	38	27%
Gadget Impact on ASD Children	36	25%
Therapist-Child Interaction / Outcomes	26	16%

Source : Data Result 2025

DISCUSSION

Therapists' Experiences in Coping with Stress When Handling ASD Children Exposed to Gadgets

Therapists reported that gadget exposure in children with ASD often resulted in uncooperative behavior, which made therapy sessions stressful and less effective. They emphasized that optimal therapy requires not only collaboration between therapists and parents but also active cooperation from the children themselves. This experience is consistent with Taylor's (2015) theory of social support, which explains that tangible, informational, emotional, and invisible support are crucial in reducing stress and strengthening an individual's coping capacity.

Stress Management Strategies Used by Therapists

To manage stress, therapists adopted relaxation techniques, emotional release, and mindfulness practices. These strategies were effective in helping them maintain performance, responsibility, and professionalism while avoiding burnout. The findings align with Benson and Proctor (2011), who describe relaxation as a method that combines deep breathing, thoughts, and belief systems to suppress excessive fight-or-flight responses. Kabat Zinn (2012)

further supports the role of mindfulness as a systematic regulation of attention and energy that fosters resilience, while Beltrani (2022) highlights the function of catharsis in releasing unresolved negative emotions to prevent maladaptive behaviors.

Impact of Gadget Exposure on Therapists' Workload and Stress

The study revealed that gadget exposure led to negative outcomes in children with ASD, including aggression, reduced focus, repetitive behaviors, stimming, babbling, and stagnation in developmental progress. Such conditions increased therapists' workload and responsibility, as they felt accountable for the children's progress. When children's development did not meet expectations, therapists experienced higher levels of stress. This finding corresponds with Dehiol, Dawood, and Alrubaea (2020), who found a significant correlation between gadget exposure and ASD symptoms, as well as evidence that reducing gadget use can improve children's behaviors and therapy outcomes.

Effects of Therapist-Child Interaction on Emotional State and Stress

Therapists found that children with ASD who were exposed to gadgets demonstrated lower levels of social communication and struggled to focus during therapy sessions. Instructions often had to be repeated multiple times, which sometimes triggered frustration among therapists. When not properly managed, these emotions escalated into stress and increased the perceived workload. This observation reflects Lazarus and Folkman's (2010) stress and coping theory, which states that stress arises when individuals appraise environmental demands as exceeding their coping resources, rather than from the events themselves.

Critical Reflection and Unique Findings

Beyond confirming existing theories of social support and mindfulness, this study revealed unique findings, particularly the differences in stress levels across therapy settings. Some therapists reported lower stress even when handling multiple therapy sessions, while others experienced higher stress in settings where children showed stagnation or unpredictable behavior. These differences suggest that stress among therapists is not uniform but is shaped by contextual factors such as workload, environmental support, and available coping resources.

This finding can be explained through the Job Demand-Resource (JD-R) Theory (Bakker & Demerouti, 2017). According to JD-R, job demands such as aggressive behavior, reduced focus, and developmental regression among children increase stress when they are not balanced with sufficient job resources. In this study, therapists who had access to supportive collaboration with parents, strong coping strategies, and institutional backing reported lower stress levels, even under high demands. Conversely, therapists with limited support experienced higher stress, which intensified the risk of burnout.

The results also resonate with the concept of burnout, which describes the emotional, physical, and mental exhaustion arising from prolonged job stress. Previous studies highlighted that therapists of ASD children are highly vulnerable to burnout due to the unpredictable nature of their work (Bottini, Wiseman, & Gillis, 2020; B & Darmawan, 2024). However, this study extends prior literature by showing that burnout is not solely determined by the intensity of demands but also by how well therapists can mobilize resources such as emotional regulation, mindfulness, and organizational support.

Therefore, while earlier research (e.g., Situngkir, 2018; Mahesa, Mirnawati & Suwanto, 2015) often presented therapists' stress as a homogeneous phenomenon, the current findings emphasize that stress varies significantly across settings depending on the balance between job demands and job resources. This has practical implications: stress management interventions for therapists should not be generic but contextual, focusing on strengthening resources such as professional supervision, organizational support, and adaptive coping strategies to mitigate the risk of burnout.

CONCLUSIONS

This study analyzed how therapists managed stress when handling children with Autism Spectrum Disorder (ASD) who were exposed to gadgets in the digital era. The findings revealed that gadget exposure often triggered uncooperative behaviors, reduced focus, aggression, and developmental stagnation, which in turn increased therapists' workload and stress. To cope, therapists relied on relaxation, mindfulness, and emotional release, which helped them maintain professionalism and prevent burnout. These findings are consistent with established theoretical frameworks, including Taylor's (2015) concept of social support, Benson and Proctor's (2011) relaxation theory, Kabat Zinn's (2012) mindfulness framework, Beltrani's (2022) catharsis concept, and Lazarus and Folkman's (2010) stress and coping theory.

Beyond confirming these theories, the novelty of this study lies in highlighting the intersection between gadget exposure and therapist stress, and in proposing a contextualized intervention model for therapists in the digital era. Specifically, the study suggests that mindfulness-based interventions adapted to digital challenges—for example, structured digital detox sessions, mindfulness-assisted breaks during therapy, or guided attention regulation exercises—can provide a new framework for stress management in ASD therapy settings. Such interventions could represent a valuable addition to the literature on therapist stress management, particularly as gadget exposure becomes an increasingly pervasive stressor in therapy environments.

Nevertheless, this study has methodological limitations. First, the number of informants was small (only four therapists), which restricts the ability to generalize the findings. Second, data were primarily collected through self-reports, which may be subject to recall bias and social desirability bias. Third, the qualitative approach captures in-depth experiences but cannot quantify the severity of stress levels.

Future research should address these limitations by (1) employing standardized stress measurement tools (e.g., Perceived Stress Scale or Maslach Burnout Inventory) to complement qualitative data; (2) conducting experimental studies to test the effectiveness of mindfulness-based digital interventions for therapists; and (3) performing cross-city or cross-institutional comparisons to explore contextual differences in therapist stress and coping resources. Such studies would strengthen the evidence base and further refine strategies for reducing therapist stress while optimizing therapy outcomes for ASD children in the digital era.

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