Understanding Autistic Burnout: The Role of Sensory Processing Differences and Implications for Clinical Practice

By

Caitlin Crawshaw

Paper submitted in partial fulfillment of the requirements for the degree of

Master of Counselling

in the

Division of Arts and Sciences

City University of Seattle

2025

This paper is accepted as conforming to the required standard.

December 2025

Amanda de Guerre, PhD
City University of Seattle

Acknowledgments

Thank you to everyone who helped me during my capstone experience, including my supervisor, cohort classmates, and loved ones. I would also like to acknowledge the contributions of autistic individuals whose voices and experiences inspired this capstone project and form the heart of this research.

Abstract

While the term ‘autistic burnout’ has long circulated in autistic communities, academic research on autistic burnout is nascent, and there is little empirical research on its etiology, symptomology, or recovery.

This capstone study examines how a core diagnostic category of autism, sensory processing differences, may play a role in the development of and recovery from autistic burnout. Guided by the Social and Relational Model of Disability, this paper integrates a thematic analysis of recent studies to uncover patterns in sensory-related stress and coping strategies among autistic adults.

Findings suggest that sensory processing differences, particularly hypersensitivity to certain sensory stimuli, are both risk factors and symptoms of autistic burnout. Masking or camouflaging—the practice of concealing autistic traits to adapt to neurotypical society—likely exacerbates sensory stress and mediates the development of autistic burnout. Unmet support needs further compound the problem.

Clinically, this study underscores the need for sensory-informed psychotherapeutic interventions and societal recognition of autistic burnout as a serious mental health issue. The paper provides recommendations for clinical identification and treatment of autistic burnout, and future research to address this overlooked aspect of neurodivergent mental health.

Keywords: Autistic burnout, sensory processing differences, neurodivergent mental health, adult autism

Table of Contents

List of Tables

Chapter 1 - Introduction

There is growing concern about autistic mental health, which has been shown to be significantly poorer than that of the general population (Lai, 2019). The list of comorbid mental health problems facing autistic adults is long and includes anxiety and depressive disorders, sleep disorders, conduct disorders, schizophrenia spectrum disorders, and other problems (Lai et al., 2019). But one mental health issue, autistic burnout, has been left out of clinical and scholarly conversations until very recently.

Autistic burnout began as a lay term referring to the long-term, negative impacts of chronic stress experienced by many within the autistic community (Arnold et al., 2023). Although the term was commonly used by autistic adults for many years, it was not explored by researchers until the last few years (Arnold et al., 2023). Now, a growing number of scholars are recognizing the clinical significance of autistic burnout.

In this capstone paper, I will explore the role of sensory processing differences in autistic burnout and recovery. This knowledge has the potential to help clinicians identify and treat autistic burnout, ensuring their autistic clients are not left suffering in silence.

Background

Understanding Autism and the Neurodiversity Movement

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR; American Psychiatric Association [APA], 2022), Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by persistent difficulties in social communication and interaction, sensory processing differences, and restricted or repetitive patterns of behaviour, interests or activities.

However, the burgeoning neurodiversity movement challenges this conceptualization of neurodevelopmental disorders like ASD and Attention Deficit Hyperactivity Disorder [ADHD] as disorders (Dwyer et al., 2025). Increasingly, the term ‘neurotype’ is used to describe differences in brain structure and function, recontextualizing ASD and other diagnoses as natural variations (Doyle, 2024; Dwyer et al., 2025). Neurodiversity advocates argue that the struggles of these individuals stem from a mismatch between their neurodivergent brains and neurotypical environments; in other words, what society has deemed ‘deficits’ in autistic communication, information processing, and sensory processing are more accurately described as brain differences (Dwyer et al., 2025).

A Note on Language Use

Throughout this paper, I will use the language of the neurodiversity movement, which most autistic individuals prefer (Dwyer et al., 2025). I will also use identity-focused language (‘autistic people’ or ‘autists’) versus person-focused language (‘person with ASD’), which is also preferred (Taboas et al., 2022). This choice was motivated by a sincere desire to respect the dignity of autistic people whose preferences have been historically overlooked by researchers (Cascio et al., 2020; Pellicano et al., 2022).

Our Evolving Understanding of Autism

The discovery of ASD is widely attributed to Austrian-American physician Leo Kanner, who recognized shared traits in his child patients, including language difficulties, insistence on sameness, restricted interests, and repetitive behaviours (Hamidi et al., 2024; Harris, 2018; Kanner, 1943; Whiteley et al., 2021). Forty years later, the first iteration of ASD, ‘infantile autism,’ appeared in the DSM-III for the first time (Kamp-Becker, 2024; Rosen et al., 2021; Whiteley et al., 2021). Subsequent iterations of the DSM reveal an ever-evolving understanding of autism. Notable changes include the addition and later removal of 'Asperger Syndrome' (in the DSM-IV and DSM-5, respectively), and the addition of sensory processing differences as a core feature (in the DSM-5) (APA, 2013; Rosen et al., 2021; Whiteley et al., 2021).

With each revision, autism's diagnostic criteria have broadened, and its recorded prevalence has increased substantially (Rosen et al., 2021; Whiteley et al., 2021). In the U.S., ASD is now estimated to affect 1 in 31 (3.2%) children and 1 in 45 (2.21%) adults (Dietz et al., 2020; Shaw et al., 2025). In Canada, prevalence is lower at 2.0% of children and 1.8% of adults (Collins et al., 2025; Public Health Agency of Canada, 2022). As the frequency of diagnosis grows, so does the need to understand the mental health challenges faced by autistic adults.

Adult Autism and Mental Health

Children remain the focus of most studies — approximately 67%, according to Mason et al. (2022) — but this is changing as the proportion of scholarship focused on adults grew from about 3.5% in 2017 to 20% in 2021 (Howlin & Magiati, 2017; Mason et al., 2022). Additionally, Mota et al. (2024) determined that between 2013 and 2022, the number of published studies on the psychological well-being of autistic adults increased by 11.7% annually.

Some of this research highlights the high prevalence of comorbid mental health conditions among autistic adults. Data from a recent literature review of the topic suggests that 28% of autists experience ADHD, 20% have anxiety disorders, 11% suffer from depressive disorders, and 4% live with schizophrenia spectrum disorders (Lai, 2023). The same study found that 84% of autistic individuals have also experienced some form of victimization, such as bullying (47%) or sexual violence (40%) (Lai, 2023). Currently, autistic burnout cannot be quantified via population statistics, but it is nonetheless part of a broader constellation of mental health issues facing autistic adults and worthy of study.

Research Problem

While our understanding of autism and its comorbid mental health problems has grown, little is known about the experience of autistic burnout and its underlying mechanisms. Given that sensory processing differences are both a core diagnostic feature of autism and linked to occupational burnout in allistic individuals, it stands to reason that they may contribute to the development of autistic burnout (Golonka & Gulla, 2021; van den Boogert et al., 2022a).

Unfortunately, there has been very little systematic study of the role of sensory processing differences in the onset, progression, and recovery from autistic burnout. Most of the literature treats sensory overload as a contributing factor, but does not explore specific sensory processing differences, such as sensory hyper- and hypo-sensitivity, and sensory integration challenges, as potential mechanisms (Patil & Kaple, 2023). In fact, there has not been much longitudinal or experimental research exploring causal pathways, nor any formal exploration of how sensory input might be managed to facilitate recovery. This leaves critical gaps in understanding both risk and protective factors, as well as how clinical supports might be tailored to sensory needs in burnout prevention and recovery. These gaps in scholarship inform the research question at the heart of this study: *What is the role of sensory processing differences in autistic burnout and recovery?*

Purpose of The Study

The primary purpose of this study is to understand what the current research tells us about the role of sensory processing differences in autistic burnout in an effort to help clinicians treat autistic clients more effectively. A secondary purpose of this study is to identify research gaps and opportunities.

Rationale

In terms of the scholarly rationale, this study contributes to foundational knowledge on autistic burnout by providing a comprehensive overview of current research and identifying how sensory processing differences mediate development and recovery. There is also a strong societal rationale since mental health problems like autistic burnout are associated with economic losses resulting from decreased worker productivity and increased health-care costs (Martinez et al., 2025). Addressing the gap in research has the potential to improve the mental health of autistic adults and prevent these losses.

Clinical Significance

Understanding the relationship between sensory processing differences and the development of autistic burnout will help clinicians provide clients with accurate and timely diagnoses and treatment, ensuring successful recovery. This knowledge may also enhance professional development for established practitioners, and academic instruction and clinical supervision for aspiring practitioners. Additionally, understanding sensory processing in autistic burnout may guide adaptations to therapeutic modalities or the treatment room (Paynter et al., 2025). Lastly, this knowledge could inform therapist advocacy—which some consider to be a key competence for psychologists— either at the practice-level (for instance, advocating for a scent-free office) or level of public policy (for instance, advocating for sensory-friendly workplaces for autistic workers in the public service) (Singh et al., 2023).

Conversely, there are clinical risks to practicing without this knowledge. Mental health professionals who do not understand the connection between sensory processing differences and autistic burnout may misattribute symptoms (like sensory hypersensitivity) to conditions with similar or overlapping symptoms (such as post-traumatic stress disorder or general burnout syndrome) (Grinapol et al., 2022). Diagnostic confusion may lead therapists to prescribe strategies that aren't effective for clients, to the detriment of their recovery.

Such errors are already commonplace in the treatment of autistic adults, who struggle to find appropriate treatment for their mental health challenges. In a qualitative study of autistic experiences of mental healthcare, respondents often felt their concerns were dismissed, either because clinicians did not believe their complaints or felt they did not need additional support (Camm-Crosbie et al., 2018). Research by Lipinski et al. (2021) cites a pervasive lack of autism education among therapists as a barrier to adequate mental health for autistic people.

Given the scholarly, societal, and clinical significance of this work, a guiding framework is needed to explore autistic burnout in a nuanced and ethical way. The Social and Relational Model of Disability (SRMD), as described by theorists Carol Thomas, offers such a lens (Thomas, 2004).

Theoretical Framework

As mentioned, the neurodiversity movement contextualizes autism as a natural variation in human neurophysiology, neither inferior nor superior to other neurotypes (Pellicano and den Houting, 2022). One of the theoretical frameworks underpinning this movement is the SRMD, which will provide the theoretical foundation for this study.

This framework evolved from the social model of disability, which challenged the medical model's focus on individual deficits and omission of social, cultural, or environmental factors (Chown & Beardon, 2021). The social model emerged in the 1970s and differentiates between the impairment itself (for instance, being unable to walk) and the disabling effects of social barriers (like being unable to enter buildings without wheelchair ramps), which can limit a person's access to employment, leisure, education, and other aspects of life (Chown & Beardon, 2021). This approach was revolutionary in shining a light on the social and environmental barriers to full participation in society and reframing disability as a matter of social justice.

However, some scholars criticized the social model for prioritizing systemic barriers over an individual's lived experience of disability (Anderson-Chavarria, 2021; Chown & Beardon, 2021; Reindal, 2008; Thomas, 2004). They argued that studying lived experiences reveals the complex relationships between people and their communities, which is relevant to a well-rounded understanding of how disability is socially constructed (Reindal, 2008; Thomas, 2004). However, the SRMD considers not only external, structural barriers (like the absence of wheelchair ramps or special education programming), but internal experiences (like sensory sensitivities related to autism, mental health concerns, and internalized ableism) (Chown & Beardon, 2021; Thomas, 2004). This theoretical framework emphasizes the social context of autistic burnout, positioning it as a fundamental misalignment of autistic needs and allistic environments, rather than functional deficits inherent to ASD as a medical diagnosis, as per the prevailing medical model (Chapman, 2021; Thomas, 2004). By framing autistic burnout symptoms as the product of relational phenomena, the SRMD offers a clear conceptual lens for understanding how prolonged sensory-environment mismatches contribute to autistic burnout.

In this way, this theoretical model aligns well with the Canadian Psychological Association's (CPA) code of ethics, which prioritizes the autonomy and dignity of all people in both clinical practice and research (CPA, 2017). It also aligns with the ethical guidelines for researchers established by the country's three federal funding bodies, of which 'Respect for persons' is a core value (Canadian Institutes of Health Research [CIHR] et al., 2022).

Definition of Terms

With this conceptual foundation in place, this section provides an overview of key concepts, including *allistic, autistic/autist, burnout syndrome, camouflaging/masking, sensory processing and self-stimulatory behaviours.*

Allistic: A person who is not on the autism spectrum but may be neurodivergent in some other capacity (such as someone with ADHD) (Cambridge Dictionary, n.d).

Autistic/Autist(s): A person with ASD is generally described as autistic, but may also be referred to as an 'autist' (Kenny et al., 2016; South & Sunderland, 2020).

Burnout Syndrome/Occupational Burnout: A syndrome resulting from chronic workplace, with symptoms that include exhaustion, emotional distance or negative feelings towards one's job, and reduced efficacy (World Health Organization [WHO], 2022).

Camouflaging/Masking: Enacting social strategies to hide one's autistic traits in neurotypical environments (Cook et al., 2021).

Sensory Processing: How the nervous system receives, integrates, and responds to sensory input across all eight sensory systems (visual, auditory, olfactory, gustatory, tactile, vestibular, and proprioception) (Patil & Kaple, 2023; Robertson & Baron-Cohen, 2017). It is common for autists to experience differences in sensory processing, such as hypersensitivity to light and sound, and difficulty integrating multiple sensory inputs simultaneously (Robertson & Baron-Cohen, 2017).

Self-stimulatory Behaviours: Also known as 'stimming,' self-stimulatory behaviours include repetitive motor movements (like hand-flapping) or vocalizations (such as humming or repeating phrases [echolalia]) (Kapp et al., 2019). Stimming functions as a self-regulation strategy, helping autists manage sensory input, emotional arousal, or cognitive loads (Kapp et al., 2019; Tancredi & Abrahamson, 2024).

Researcher Position Statement

My interest in this topic stems from my practicum experience at a small private practice specializing in neurodivergence. During this time, I worked with autistic adults who attributed their symptoms to autistic burnout, a subject I knew little about then. I decided to use my capstone project to understand autistic burnout and better help future clients.

In the interests of transparency and credibility, I must disclose that there is potential for bias in my work due to lived experience as a neurodivergent person with diagnosed ADHD and autistic traits (APA, 2022). Given the possibility of undiagnosed autism, this capstone paper might constitute ‘insider research,’ which has the potential for both a nuanced understanding of the topic and bias resulting from unwittingly projecting one’s own experiences onto the research (Yvonne Bulk & Collins, 2023). To mitigate the latter, I have engaged in self-reflection practices to ensure I am rigorous in my evaluation of the research evidence and maintain a high degree of scholarly objectivity, while using my subjective, personal experience to identify complexities in the literature that a neurotypical researcher might overlook.

Overview of the Paper

The remainder of my paper will be structured as follows: In Chapter Two, I will explain the methodology used in this study and critique the methodologies of the selected research to ensure academic rigor; in Chapter Three, I will review the literature and relevant findings to gather insights about what current research tells us about the role of sensory processing differences in autistic burnout; in Chapter Four, I will explore how the findings might be applied to clinical care to create the best possible outcomes; and in Chapter Five, I will make recommendations for clinical practice and future research, with an eye to improving both client care and practitioner competency.

Chapter 2 - Methodology

In this chapter, I will describe the systematic search methodology used to select the articles included in this capstone project, including the search strategies and criteria for inclusion and exclusion. The chapter will also explain the thematic analysis used to identify key findings across the selected studies. Following this, I will critically reflect on the methodology of the reviewed articles, which include qualitative, quantitative, and mixed-methods research.

Systematic Search Methodology

For this study, I conducted a systematic literature review (SLR), a comprehensive synthesis of peer-reviewed research pertaining to a specific scholarly question (Bouck et al., 2022). SLRs follow a series of specific steps, including formulating a clear and concise question, creating a review protocol (a structured plan, including goals, inclusion/exclusion criteria, etc.), thoroughly searching two or more databases, screening the studies for methodological rigor and bias, and analyzing the data (Bouck et al., 2022). In this study, the research question was formulated in collaboration with my supervisor, Dr. Amanda de Guerre, during class discussions. Formulating a review protocol was an iterative process that began while drafting my research prospectus and was refined during the initial phase of research. During this time, I read a substantial volume of research related to the topic, refined my inclusion/exclusion criteria, and identified additional research databases.

The search engines I used included Google Scholar, APA PsycNET, PubMed, Sage Publications, Taylor & Francis Online, and ProQuest. The search terms included, but were not limited to, the following: *autistic burnout, autism, autistic, burnout in autism, sensory processing and burnout, autistic burnout recovery, burnout recovery, sensory sensitivity, burnout syndrome* *and sensory processing, sensory overload and burnout, neurodivergent burnout,* and *sensory overwhelm and autistic burnout.*

Challenges Encountered During Literature Search

While conducting the literature search, I encountered several challenges. Firstly, I was frequently unable to access complete drafts of the studies using my City University student credentials. To remedy this, I used alumni credentials from the University of Alberta and the University of British Columbia. On two occasions, I reached out to study authors directly through email and social media (ResearchGate and LinkedIn) to source complete drafts.

Another challenge I encountered was a lack of targeted studies. I initially identified about 25 articles related to autistic experiences of burnout and/or sensory processing differences and burnout, but most were not appropriate for inclusion. About half explored general burnout in autistic populations, rather than autistic burnout specifically. Additionally, I was only able to find studies exploring sensory processing differences in allistic people with occupational burnout. To expand my literature review, I conducted several searches with a broader time frame (January 2015 to May 2025). Unfortunately, this did not allow me to uncover additional articles suitable for inclusion, though I did come across older studies linking the more general concepts of fatigue and exhaustion to the experiences of autistic adults (Hull et al., 2017; Livingston et al., 2019). Given that autistic burnout is a very new research area, the pool of high-quality empirical studies remains limited. Therefore, the final sample of 12 articles reflects a rigorous selection of the most methodologically sound and directly relevant studies currently available.

Lastly, I was uncertain whether to include two articles that did not fully meet my inclusion criteria but nonetheless provided important insights. One of these was non-empirical research by Mantzalas et al. (2022a), which I ultimately included due to its relevance to the research question and status as the first conceptual/theoretical framework on the subject. Conceptual frameworks apply theory to existing data on a topic, producing an intellectual scaffold for synthesizing research and identifying important relationships (Sale & Carlin, 2025). The other was a mixed-methods study by Cage and McManemy (2022) comparing the academic burnout experiences of autistic and non-autistic post-secondary students. Although academic burnout (a construct related to occupational burnout) is distinct from autistic burnout, I included this study as it provides valuable insights into autism-specific burnout features, including sensory overload, emotional exhaustion, and masking demands (Cage & McManemy, 2022). Additionally, the research supports the conceptualization of autistic burnout as a separate phenomenon from burnout syndrome, providing additional justification for its inclusion here. With these challenges elucidated, I will now address my inclusion/exclusion criteria in greater detail.

Inclusion and Exclusion Criteria

The articles I selected (a) were written in English; (b) included quantitative, qualitative, and mixed-methods methodologies (apart from Mantzalas et al, 2022a); (c) examined autistic burnout; (d) addressed sensory processing, even if indirectly; (e) were published in peer-reviewed journals between January 2020 and May 2025.

In terms of my exclusion criteria, I excluded studies on children and youth, such as a study by Phung et al. (2021) exploring young people's experiences of autistic burnout, inertia, meltdown, and shutdown (BIMS), and research by Siggers and Day (2024) on autistic burnout in school-aged children. Both studies were well-executed and frequently cited, so they were excluded with some reluctance. I also excluded studies exploring burnout syndrome/occupational burnout in autistic populations—such as those by Tomczak and Kulikowski (2024) and Hayward et al. (2020)—apart from the previously noted study by Cage and McManemy (2022).

Additionally, I excluded single-participant case studies, such as the paper by Hale and Sanders (2023) describing the successful treatment of an autistic man's apparent autistic burnout using ADHD medication and exercise. Small case studies like this one lack generalizability due to the sample size, but this one also lacked academic rigor. The patient was not evaluated for ADHD, which may have explained his burnout-like symptoms (such as brain fog and forgetfulness) (Hale & Sanders, 2023).

Finally, I excluded articles in which autistic burnout was not the central focus of the research, such as a study by Pyszkowska et al. (2023) that explored the role of affect, autistic burnout, and gaming motivation in escapism among adult video gamers on the spectrum. Although relevant to the counselling of autistic adults, who are prone to habitual use of electronic devices and may be at higher risk of gaming disorder, this finding has little relevance to the topic of sensory processing in autistic burnout (Eltahir et al., 2025).

Selection of Articles

After a comprehensive search, the SLR yielded a limited number of relevant results, and of these, 12 articles were selected (see Table 1 below). Most are foundational, helping establish autistic burnout as a legitimate construct and exploring assessment tools for evaluation in clinical and research contexts. The studies comprise qualitative research (three studies), quantitative research (four studies), mixed methods research (four studies), and a single conceptual/theoretical article.

Table 1

Reference list of studies reviewed

Author(s)	Year	Title	Journal	Type
Arnold et al.	2023a	Confirming the nature of autistic burnout	*Autism*	Mixed methods
Arnold et al.	2023b	Toward the measurement of autistic burnout	*Autism*	Quantitative
Benatov et al.	2025	Camouflage, burnout-exhaustion, and depression in autistic adults	*Autism in Adulthood*	Quantitative
Cage et al.	2022	Burnt out and dropping out: A comparison of the experiences of autistic and non-autistic students during the COVID-19 pandemic	*Frontiers in Psychology*	Mixed methods
Clarey et al.	2025	Autistic burnout on Reddit: A Sisyphean struggle with daily tasks	*Journal of Autism and Developmental Disorders*	Qualitative
Ferguson et al.	2024	"It has shown me how much I am capable of": An exploration of autistic burnout experiences in motherhood	*Autism in Adulthood*	Qualitative
Higgins et al.	2021	Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating #AutisticBurnout	*Autism*	Mixed methods
Mantzalas et al.	2024	Measuring and validating autistic burnout	*Autism Research*	Quantitative
Mantzalas et al.	2022a	What is autistic burnout? A thematic analysis of posts on two online platforms	*Autism Research*	Conceptual / theoretical
Mantzalas et al.	2022b	A conceptual model of risk and protective factors for autistic burnout	*Autism in Adulthood*	Mixed methods

Raymaker et al.	2020	"Having all of your internal resources exhausted beyond measure and being left with no clean-up crew": Defining autistic burnout	*Autism in Adulthood*	Qualitative
Schoondermark et al.	2024	Evaluating an autistic burnout measurement in women	*Journal of Autism and Developmental Disorders*	Quantitative

Notable Studies

Of the selected studies, three are particularly significant. Firstly, the Raymaker et al. (2020) study was the first to explore autistic burnout as a construct and link it to chronic exposure to aversive sensory stimulation, which is exacerbated by masking. Cited 467 times on Google Scholar (retrieved August 2025), this study is foundational to autistic burnout literature. Methodologically speaking, Raymaker et al. (2020) is also the only study to have included autistic people from initial planning to data interpretation.

Another significant study, by Mantzalas et al. (2022a), suggests that sensory processing differences, especially hypersensitivity, are both a risk factor and symptom of autistic burnout. The study also points to social withdrawal during burnout episodes as a recovery strategy used by autistic adults to reduce their sensory and cognitive load (Manzalas et al., 2022a).

A third paper, by Arnold et al. (2023b), is the first to validate an autistic burnout scale (an unpublished scale created by Raymaker et al., 2020). This study informs subsequent measurement-focused studies by Schoondermark et al. (2024), Mantzalas et al. (2022b), and Bougoure et al. (2025).

Synthesis of Selected Studies

It has been argued that mixed-methods systematic reviews offer more comprehensive and nuanced examinations of complex topics than single-method reviews (Lizarondo et al., 2020).

For the topic of sensory processing in autistic burnout, the approach enables us to identify patterns in the research that are both empirically and experientially supported, aligning with SRMD's inclusion of both individual perspectives and social contexts. However, a mixed-methods review is arguably a pragmatic necessity in this case, given the relatively new and methodologically diverse scholarship on autistic burnout. A single-method review would not capture all the available evidence.

That said, there is some debate on the process of synthesizing data from heterogeneous sources. One approach is to use a 'convergent, segregated approach' in which researchers synthesize qualitative and quantitative data separately before integrating both sets of findings (Hong et al., 2017; Sharp et al., 2022). Another approach is to apply the same synthesis method across all study types. Several qualitative synthesis techniques can be employed in mixed-methods reviews; however, I chose to use inductive Thematic Analysis (TA), a general approach pioneered by Braun and Clarke (2008, 2020) (Flemming et al., 2019; Mohamed Shaffril et al., 2025). TA allows researchers to identify and analyze conceptual patterns across study types using an iterative method that includes six phases: familiarization with the data, generating initial codes, constructing possible themes, reviewing these themes in relation to the data, defining and naming the themes, and reporting on the results (Braun & Clarke, 2008).

Evaluation of Reviewed Studies

In this section, I will critique the selected studies according to the following categories: research paradigm, research design, sampling and recruitment, data collection and analysis, and methodological strengths and limitations. Afterwards, I will address concerns specific to construct validation, an important consideration for this nascent body of research.

Research Paradigms and Design

A researcher's worldview or paradigm informs how they approach the topic of study, including which questions they ask, how they interpret data, to what methodology they use, as the selected studies illustrate (Omodan, 2024). The researchers included in this mixed-methods review employed three separate paradigms: positivism, interpretivism/constructivism, and critical/transformative.

The positivist paradigm, which emerged in the 19th Century, emphasizes the use of scientific methods within social science research and prioritizes quantitative methods (Omodan, 2024). This paradigm is seen in the work of Arnold et al. (2023a), Arnold et al. (2023b), Benatov et al. (2025), Cage and McManemy (2022), Mantzalas et al. (2022a), Mantzalas et al. (2022b), Mantzalas et al. (2024), and Schoondermark et al. (2024), which all employ quantitative research methods. All assume that autistic burnout can be objectively measured and rely on statistical analyses and standardized measures. There is little discussion of research positionality.

Interpretivism (also known as constructivism) arose in the 20th Century as a response to positivism's insistence on quantitative study, which critics felt did not capture the full scope and meaning of human behaviour (Omodan, 2024). An interpretivist paradigm values subjectivity in knowledge and facilitates qualitative methods, such as interviews and content analysis (Omododan, 2024). Unlike positivism, interpretivism is premised on the idea that reality is socially constructed, rather than independently discovered (Omodan, 2024).

This paradigm is clearly at work in the qualitative and/or mixed methods studies by Arnold et al. (2023a), Cage and McManemy (2022), Clarey et al. (2025), Ferguson et al. (2024), Higgins et al. (2021), and Mantzalas et al. (2022a), which emphasize the subjective, lived experiences of autistic people and gather data using methods like one-on-one interviews and qualitative survey questions. These qualitative studies explored the nuances and context of autistic burnout, rather than measuring symptoms or predicting variables.

One of the selected studies adopted neither a positivist nor an interpretivist/constructivist paradigm. Raymaker et al. (2020) used a critical or transformative paradigm, which seeks to empower marginalized groups and bring about social change (Omodan, 2024).

Roles of the Researchers

In recent years, autism research has come under fire for perpetuating ableism and contributing to the social marginalization of autistic people (Botha & Cage, 2022). Examples of this include the use of stigmatizing language in research papers, setting research priorities without input from autistic communities, and disregard for the welfare of autistic research participants (Botha & Cage, 2022).

Arguably, a researcher's role in a study influences how ethically and effectively research is conducted. Advocates of participatory research—in which autistic people are involved, to varying degrees, in the design and execution of studies—insist that this model reduces the power differential between researchers and participants, ensuring respectful treatment and rich data (den Houting et al., 2020). Research by Botha and Cage (2022) suggests that scholars involved in participatory research exhibit fewer indications of ableist attitudes.

Only one of the selected studies, Raymaker et al. (2020), employed a participatory methodology, although other studies consulted autistic stakeholders. The Arnold et al. (2023a) study exploring the nature of autistic burnout involved an advisory team of autistic people to help guide the research, while the Arnold et al. (2023b) study measuring autistic burnout consulted with autistic people to review the assessment tool. Meanwhile, the Schoondermark et al. (2024) validation of an autistic burnout scale in Dutch women included autistic people in the initial stages of scale development.

Only a few of the studies addressed researcher positionality. In the Ferguson et al. (2024) paper on autistic burnout in motherhood, the lead author acknowledged that she herself was autistic and had experienced burnout in motherhood. The paper by Arnold et al. (2023a) states that the co-lead author, J.M. Higgins, is autistic and has experienced autistic burnout, noting that they were instrumental in co-producing the research questions and the survey tool, and led the qualitative data analysis. The Arnold et al. (2023b) paper mentions that the team collaborated with an autistic researcher during the development of an autistic burnout scale.

The remainder of the research, comprising quantitative studies, involved traditional researcher-participant hierarchies and did not directly address the researcher's positionality.

Sampling and Recruitment

Most of the selected studies used convenience sampling, including Arnold et al. (2023a & 2023b), Benatov et al. (2025), Cage and McManemy (2022), Mantzalas et al. (2022a), and Schoondermark et al. (2024). Also known as incidental or accidental sampling, convenience sampling is a non-probability sampling technique in which researchers choose participants based on their accessibility (Jha, 2023). Although convenience sampling limits the generalizability of results, it is cost- and time-efficient, and the most frequently used sampling strategy in the behavioural sciences (Jha, 2023). In the cases above, participants were recruited online via social media and other online platforms.

Several other studies employed purposive sampling, a non-probability sampling method in which researchers select participants based on specific factors relevant to the research topic (Jha, 2023). In this case, the study authors targeted individuals known to have autism and likely to have autistic burnout. Higgins et al. (2021) recruited autistic adults through advertising in a newsletter distributed to participants of an autism-focused longitudinal study in Australia, as well as social media solicitation. Ferguson et al. (2024) advertised on online networks specifically for autistic parents, including a maternity autism research group and autism-focused social media groups. Raymaker et al. (2020) found participants via social media advertising, community autism networks, and word of mouth.

Three other studies did not recruit any participants. Because Clarey et al. (2025) and Mantzalas et al. (2022a) mined data from online platforms, they used opportunistic, observational sampling. Lastly, Mantzalas et al. (2022b) drew on previous studies' findings to develop a conceptual model of autistic burnout.

Data Collection and Analysis

Qualitative Studies. Data collection typically involved semi-structured, one-on-one interviews, but they varied in terms of autistic involvement in drafting the questions and conducting the interviews. In the Raymaker et al. (2020) study, interview questions were piloted and refined by the autistic research team, and interviews were conducted by both autistic and allistic researchers, as per their participatory research approach. Ferguson et al. (2024) included autistic researchers on the team, and interviews were conducted by both autistic and allistic researchers. Higgins et al. (2021) did not consult with outside autistic individuals in formulating their research questions either, but the study’s co-lead is autistic.

Rather than collecting data through interviews, Clarey et al. (2025) and Mantzalas et al. (2022a) employed data-scraping techniques to identify relevant online conversations, taking care to anonymize usernames. In the mixed-methods studies by Cage and McManemy (2022) and Arnold et al. (2023a), the researchers included qualitative questions in their online surveys. In neither case did the researchers consult with autistic advisory committees when creating their research questions, but the co-author of the Arnold et al. (2023a) study is autistic and applied their lived experience to both data collection and analysis.

In terms of data analysis, most of the qualitative studies used reflexive TA. Arnold et al. (2023a), Ferguson et al. (2024), Higgins et al. (2021), and Mantzalas et al. (2022a) all used Braun and Clarke's (2008) approach to TA, while Raymaker et al. (2020) used a hybrid inductive-deductive approach which incorporated member-checking to verify the accuracy of codes. Content analysis was used by Clarey et al. (2025), Cage and McManemy (2022), and Arnold et al. (2023a).

Quantitative Studies. Online surveys were the primary method of data collection in the quantitative or mixed-methods studies by Arnold et al. (2023a & 2023b), Benatov et al. (2025), Cage and McManemy (2022), Mantzalas et al. (2024), Mantzalas et al. (2022b) and Schoondermark et al. (2024). Several of these surveys included self-report scales measuring traits or symptoms, such as the Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS–R) and Autism Quotient (AQ). Some studies used these as screening tools to ensure that participants had autism (e.g., Schoondermark et al., 2024; Mantzalas et al., 2022a), while others used them to control for autism traits in their analyses (e.g., Benatov et al., 2025; Cage and McManemy, 2022).

In the studies exploring the measurement of autistic burnout specifically, surveys included self-report burnout scales like the Copenhagen Burnout Inventory (CBI) and the Maslach Burnout Inventory (MBI), or autism-specific scales like the AASPIRE Autistic Burnout Measure (AABM) (Arnold et al., 2022a; Mantzalas et al., 2024; Maslach & Jackson, 1981; Nicolaidis et al., 2019; Raymaker et al., 2020; Schoondermark et al., 2024).

After collecting the quantitative data, researchers applied statistical analysis techniques, starting with descriptive statistics. This is the simplest form of statistical analysis and used to summarize the main findings of a dataset—like the prevalence of autistic burnout in a population (as per Arnold et al., 2023a) or symptom severity (Benatov et al., 2025)—and describe demographic information such as participants' ages (Hazari, 2023).

More sophisticated statistical techniques were also employed, such as parametric tests, which enable researchers to test a research hypothesis when the data follow a normal distribution (Hazari, 2023). One parametric test, called a 'T-test,' is used to identify whether there is a significant difference between the means of two groups, such as burnout scores between autistic and non-autistic students in the study by Cage and McManemy (2022) (Hazari, 2023). Other parametric tests, such as correlation and regression analyses, were frequently used by the authors of the selected studies. For instance, Benatov et al. (2025) used correlation analyses to determine the degree of association between camouflaging, burnout, and depression, and then applied regression analyses to assess the predictive relationships between these factors.

Another statistical analysis technique, Exploratory Factor Analysis (EFA), can be applied to datasets with multiple variables, whether parametric or non-parametric, to uncover the underlying factor structure of a construct (Goretzko et al., 2021). EFA was used by Arnold et al. (2023b) and Mantzalas et al. (2022a) to assess the underlying structure of the AABM.

Statistical analyses were also used to assess the reliability of various assessment tools. Cronbach's alpha, a calculation used to measure internal consistency, was used to evaluate the AABM (Arnold et al., 2023b; Schoondermark et al., 2024), the Camouflaging Autistic Traits Questionnaire (CAT-Q) (Benatov et al., 2025), and the CBI (Mantzalas et al., 2022a), for instance.

Methodological Strengths and Limitations

The articles chosen for this study were deemed methodologically sound, based on their design, data collection, and analysis procedures, but varied in terms of methodological strengths and weaknesses, as I will discuss in this section.

Strengths. The qualitative studies by Raymaker et al. (2020), Ferguson et al. (2024), and Clarey et al. (2025) produced rich data on the lived experiences of autistic burnout, as did the qualitative portions of mixed-methods studies by Higgins et al. (2021) and Mantzalas et al. (2022a). Most studies demonstrated concrete strategies to mitigate bias, primarily neurotypical bias. Higgins et al. (2021) modified their use of the Delphi method to involve multiple rounds of surveys sent to anonymous autistic individuals and autism experts, avoiding consensus-building conversations that might allow more dominant individuals to sway others' opinions. Other researchers countered bias by consulting with autistic advisory committees, while Raymaker et al. (2020) used a Community-Based Participatory Research (CBPR) model to engage autists throughout the research process.

In terms of quantitative research, the studies used rigorous statistical analyses to ensure accurate interpretation of the data. Examples include the use of Exploratory Factor Analysis (EFA) and convergent validity testing in the studies by Arnold et al. (2023b) and Schoondermark et al. (2024) that set out to validate news scales for measuring autistic burnout.

Limitations. Sampling bias was widespread, as most studies used convenience sampling, limiting the generalizability of their findings. Generalizability was also impaired by the relative homogeneity of research participants, who were mainly female-identified, Caucasian, and late-diagnosed.

Additionally, the selected studies lacked diversity, both geographically (only the US, UK, Israel, and the Netherlands were represented) and in terms of study authors. Three articles were authored by Mantzalas et al. (2022a, 2022b, & 2024) and two by Arnold et al. (2022a & 2022b). Additionally, J.M.Higgins—the lead author of Higgins et al. (2021)—was also the co-lead of Arnold et al. (2023a). With few researchers worldwide exploring autistic burnout, the literature offers limited research approaches and perspectives.

Other methodological concerns stem from the newness of this research area. For instance, the conceptualization article by Mantzalas et al. (2022b) could only draw from a small pool of articles on autistic burnout. Additionally, the AABM tool developed by Raymaker et al. (2020) had neither been peer-reviewed nor published when Arnold et al. (2023b) and Schoondermark et al. (2024) used it.

Construct Validation. Beyond the general concerns above, the selected studies raise a more specific concern about construct validation in psychology. As a newly identified phenomenon, autistic burnout must be validated as a formal construct in psychology, but a debate rages about whether new psychological constructs are being adequately validated. Within the last 15 years, psychology has been experiencing what some have called a ‘replication crisis’ due to widespread failures to replicate research findings, particularly in terms of human experiences that cannot be directly observed (De Boeck et al., 2023). Some attribute the problems of replicability to ‘construct drift’—subtle changes to a construct’s definition across studies—resulting in researchers studying different concepts and, thus, producing different results (De Boeck et al., 2023).

Flake et al. (2022) argue that this might be avoided by employing more rigorous measurement methodologies when a construct is still nascent. In an extensive systematic review of psychological literature, researchers found that most scales used in original studies had little or no validity evidence (Flake et al., 2022). As a result, subsequent attempts to replicate the original results failed (Flake et al., 2022). This did not seem to be the case in the autistic burnout studies, as researchers reported validity evidence for their chosen scales, but it does not rule this out as a problem for future studies. None of the researchers acknowledged the possibility of construct drift contaminating the nascent body of research on autistic burnout, nor the importance of adhering to high methodological standards in the early stages of research.

Summary

This chapter detailed the methodological approach used to conduct this systematic literature review on the role of sensory processing differences in autistic burnout and recovery, including the search strategy, inclusion and exclusion criteria, and approach to data synthesis. Afterwards, I described the methodology used in the selected literature—including research paradigms, researcher roles and reflexivity, and sampling—before evaluating methodological strengths and limitations. In addition to several concerns, including limited demographic diversity and sampling bias, I identified several notable strengths, including nuanced qualitative data and robust statistical analysis.

With these methodological considerations addressed, the next chapter will describe and analyze the core themes emerging from the literature and what they suggest about the relationship between sensory processing differences and autistic burnout and recovery.

Chapter 3 - Review of Literature and Findings

Although a well-established concept within autistic communities, autistic burnout has long awaited academic exploration (Arnold et al., 2023). Thankfully, researchers have now begun investigating autistic burnout, resulting in a small but steadily growing body of research published over the last five years. This chapter provides an SLR of the research to date, focusing on the role of sensory processing differences in autistic burnout.

The chapter is organized thematically, starting with conceptualizations of autistic burnout, including how it differs from related conditions like depression and occupational burnout. A discussion of risk factors, like sensory processing challenges and masking, follows. A subsequent section explores symptomology, highlighting experiences like emotional exhaustion, executive dysfunction, and social withdrawal. The chapter then reviews recovery and protective factors—such as unmasking, social support, and sensory self-regulation—before concluding with research gaps and limitations, and ethical considerations.

Thematic Review of the Literature

In the course of my thematic analysis, I identified 5 common themes and 11 subthemes (see Table 2) in 12 studies published between 2020 and 2025 (Arnold et al., 2023a; Arnold et al., 2023b; Benatov et al., 2025; Cage and McManemy, 2022; Clarey et al., 2025; Ferguson et al., 2024; Higgins et al., 2021; Mantazalas et al., 2022a; Mantzalas et al., 2022b; Mantzalas et al. 2024; Raymaker et al., 2020; Schoondermark et al., 2024). The themes identified from the literature include: (1) The emergence and conceptualization of autistic burnout; (2) Sensory processing differences; (3) Identity and masking; (4) Experiences of recovery; and (5) Accessibility of supports.

These themes and subthemes were identified using the TA method developed by Braun &

Clarke (2008, 2020), which includes the following six steps: (1) familiarization with data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing the report.

Table 2

Thematic Similarities in the Literature

Main theme	Subthemes	Representative studies
The emergence and conceptualization of autistic burnout	Construct identification and validation Distinction from depression and burnout syndrome Development of scales	Arnold et al. (2023a); Arnold et al. (2023b); Benatov et al. (2025); Cage & McManemy (2022); Clarey et al. (2025); Higgins et al. (2021); Mantzalas et al. (2022b); Mantzalas et al. (2024); Raymaker et al. (2020); Schoondermark et al. (2024)
Sensory processing differences	Sensory overload as a trigger	Arnold et al. (2023a); Benatov et al. (2025); Cage & McManemy (2022); Clarey et al. (2025); Ferguson et al. (2024); Higgins et al. (2021); Mantzalas et al. (2022a); Mantzalas et al. (2022b); Raymaker et al. (2020)
Identity and masking	Masking as trigger Masking as a barrier to self-regulation	Arnold et al. (2023a); Arnold et al. (2023b); Benatov et al. (2025); Cage & McManemy (2022); Clarey et al. (2025); Ferguson et al. (2024); Higgins et al. (2021); Mantzalas et al. (2022a); Mantzalas et al. (2022b); Mantzalas et al. (2024); Raymaker et al. (2020); Schoondermark et al. (2024)
Experiences of recovery	Reducing sensory input Stimming Unmasking	Arnold et al. (2023b); Clarey et al. (2025); Ferguson et al. (2024); Mantzalas et al. (2022a); Raymaker et al. (2020); Schoondermark et al. (2024)
Accessibility of supports	Misdiagnoses and missed diagnoses Poor access to mental healthcare	Arnold et al. (2023a); Clarey et al. (2025); Ferguson et al. (2024); Higgins et al. (2021); Mantzalas et al. (2022a); Raymaker et al. (2020); Schoondermark et al. (2024)

The Emergence and Conceptualization of Autistic Burnout

This theme explores how autistic burnout has emerged as a new construct in psychology. Across the selected studies, autistic individuals describe burnout as a chronic, pervasive state of exhaustion, loss of skills, and decreased tolerance to sensory and social demands. The theme not only describes the lived experiences of autists, but shows how researchers have differentiated burnout from similar problems (especially depression and occupational burnout). This matters for the present study because a consistent definition of the construct is needed to conduct robust research and identify clinical strategies.

Construct Identification and Validation

In psychology and the behavioural sciences, a construct is an abstraction that helps us to understand phenomena that are not directly observable and clarify relationships between phenomena (Lambert & Newman, 2023). A new construct may emerge when a researcher identifies a phenomenon that existing constructs have not adequately explained. Sometimes, this comes from their own observations, but researchers also respond to new phrases in common parlance and trends identified by the media (Lambert & Newman, 2023). For instance, during the pandemic, a term called 'Zoom fatigue' emerged in media and public discourse to describe the fatigue that sometimes follows video conference calls. After researchers began exploring the idea, studies emerged suggesting that Zoom fatigue has symptomology overlapping with general cognitive fatigue, but originates from technology-related stressors, such as workers' lack of movement and their anxiety about how they appear on screen (Bailenson, 2021).

Before researchers can conduct more sophisticated exploration of a phenomenon, foundational work must be done to validate its existence as a legitimate construct (Lambert &

Newman, 2023). This begins with conducting literature reviews to ensure a hypothesized construct is distinct from existing constructs and not represented using different terminology (Lambert & Newman, 2023). If the literature review reveals that the phenomenon is unexplored, researchers set out to clearly define and measure the construct, which often involves building new instruments (Flake & Fried, 2020). Given that the autistic burnout research is so new, it shouldn't be surprising that nearly half of the studies on autistic burnout were dedicated to validating it as a construct and identifying its primary symptoms and risk factors.

Symptoms. Across the studies, autistic burnout is consistently described as involving pervasive exhaustion, social withdrawal, executive functioning difficulties, and heightened sensory sensitivities (see Table 3). Some studies have expanded this core profile to include loss of skills (Raymaker et al., 2020), increased severity of autistic traits (Higgins et al., 2021), or physiological and cognitive difficulties, including sleep problems, dissociation, appetite changes, and gastrointestinal issues (Clarey et al., 2025). Another symptom, masking, is also framed as a risk factor in the selected studies (Arnold et al., 2023a; Higgins et al., 2021; Rainmaker et al., 2020).

Risk Factors. Similar variations are seen in the risk factors identified in the emerging literature (see Appendix B). Masking is the most frequently identified risk factor, followed closely by chronic sensory overload and unmet support needs (Clarey et al., 2025; Higgins et al., 2021; Raymaker et al., 2020). Additional risk factors include stigma (Mantzalas et al., 2022b; Clarey et al., 2025), unmet support needs (Ferguson et al., 2024; Mantzalas et al., 2022b), and taking on too much (Clarey et al., 2025; Higgins et al., 2021; Raymaker et al., 2020).

Distinction From Depression and Occupational Burnout

The literature review research makes a strong case for autistic burnout being distinct from phenomena with overlapping symptomology. As summarized in Table 4, several studies identified autism-specific contributors — most notably masking, communication differences, and stigma — that differentiate autistic burnout from conditions that also affect allistic people, such as burnout syndrome and depression (Clarey et al., 2025; Higgins et al., 2021; Mantzalas et al., 2022a; Raymaker et al., 2020).

Additional support is provided by research studies comparing the experiences of autistic and allistic individuals. For instance, Mantzalas et al. (2024) and Schoondermark et al. (2024) found no differences in burnout rates between employed and unemployed autistic adults, suggesting that autistic burnout cannot be reduced to workplace stress and is distinct from burnout syndrome. Similarly, Cage and McManemy's (2022) comparison of autistic and non-autistic students during the COVID-19 pandemic showed that autistic participants experienced significantly higher burnout regardless of academic stress. This suggests the existence of burnout specific to those with autism.

Similarly, Major Depressive Disorder (MDD) has symptoms that overlap with autistic burnout, including social withdrawal, exhaustion, and sleep disturbances, but the constructs are significantly different (APA, 2022). For instance, autists often maintain motivation and special interests during autistic burnout, while MDD is associated with anhedonia and apathy (APA, 2022; Clarey et al., 2025). And while social withdrawal is a symptom of worsening depression, it may be an adaptive recovery strategy in the context of autistic burnout (Clarey et al., 2025; Ferguson et al., 2024; Raymaker et al., 2020). Additionally, research suggests that autistic burnout may actually be a risk factor for MDD, with masking and exhaustion increasing the risk (Arnold et al., 2023b; Benatov et al., 2025).

Development of Scales

Measuring psychological phenomena is a complex undertaking, as most refer to internal experiences that are not directly observable (Flake & Fried, 2020). Instead, we must find indirect measures and, in many cases, adapt existing instruments or create new ones, to understand complex internal experiences (Flake & Fried, 2020). Not surprisingly, much of the emerging research on autistic burnout involved validating new or existing instruments to measure the phenomenon.

This began with Raymaker et al. (2020), whose mixed-methods study led to the development of an as-yet-unpublished 27-item scale, the ASPIRE Autistic Burnout Measure (ABM). The tool was subsequently validated by Arnold et al. (2023b), Mantzalas et al. (2024) and Schoondermark et al. (2024), who piloted a Dutch version of the measure in the Netherlands (the AABM-NL). The selected studies also suggest that one existing tool is a valid instrument for measuring autistic burnout—the personal scale portion of the CBI (Benatov et al., 2025; Cage and McManemy, 2022; Mantzalas et al., 2024). Other tools—like the PHQ-9, GAD-7, and DASS-2—correlate strongly with autistic burnout but lack the specificity to differentiate it from depression or stress (Arnold et al., 2023b; Mantzalas et al., 2024).

Sensory Processing Difference

This theme examines how atypical sensory processing —which impacts most autists— may contribute to the development of and recovery from autistic burnout according to the lived experiences of research participants (Robertson & Baron-Cohen, 2017). The selected studies consistently link overwhelming sensory environments with autistic burnout symptoms.

Sensory Overload as a Trigger

The studies included in this study primarily mention auditory, visual, and tactile sensory domains, but autistic people can experience atypical sensory processing across all sensory domains (Chury et al., 2025; Clarey et al., 2025; Ferguson et al., 2024; Sapey-Triomphe et al., 2023; Schoondermark et al., 2024). Autists' atypical sensory experiences can include hypersensitivity to sensory stimuli (such as bright light and loud noise), abnormal pain sensations (such as increased or decreased pain tolerance), difficulty filtering out sensory information (such as background noise or overhead lighting), and differences in integrating sensory experiences (for instance, making eye contact while listening) (Kiep et al., 2023; Taels et al., 2023). A study by Verhulst et al. (2022) found that autistic sensory processing differences were correlated positively with anxiety symptoms, which may partly explain why autists are prone to experiencing sensory overload/ overwhelm (Chen et al., 2024).

In the selected studies, respondents frequently attributed the development of their autistic burnout to exposure to overstimulating environments and the resulting sensory overload (Arnold et al., 2023a; Higgins et al., 2021; Raymaker et al., 2020). In a study by Ferguson et al. (2024), autistic mothers attributed their sensory overload to both chronic and acute sensory experiences spanning sensory domains and parenting demands. Examples included touch (for instance, hugging children and breastfeeding), sound (such as crying and yelling), and smell (such as soiled diapers) (Ferguson et al., 2024).

In addition to being a probable risk factor, sensory processing sensitivities may also be an amplifier of autistic burnout. Several studies — namely, those by Chury et al. (2025), Clarey et al. (2025), Raymaker et al. (2020), and Schoondermark et al. (2024) — found that increased sensitivity to stimuli and/or reduced tolerance for ordinary stimuli were a core part of participants' burnout experiences.

As previously described, many autistic adults experience sensory sensitivities as deeply dysregulating and stress-inducing. Research suggests that masking may exacerbate these effects and contribute to the development of autistic burnout, as the next section addresses in detail.

Identity and Masking

A growing body of research suggests that autistic people use social strategies to 'camouflage' or 'mask' their autistic traits to adapt to neurotypical environments (Cook et al., 2021). However, research indicates that masking is associated with a long list of potential harms including development of mental health difficulties like mood and anxiety disorders (Alaghband-Rad et al., 2023). This theme suggests that autistic burnout may also be a risk of masking, which involves the suppression of natural responses to sensory input (such as repetitive movements and stimming) (Mantzalas et al., 2022a).

Masking as a Trigger

The selected studies suggest that masking precedes the development of autistic burnout and may be considered a risk factor or trigger. In their Conceptual Model for Autistic Burnout [CMAB]), Mantzalas et al. (2022a) hypothesizes several risk factors, most notably masking/camouflaging and sensory sensitivities that can lead to sensory overload for autistic individuals. In the article by Ferguson et al. (2024), autistic mothers reported masking in order to meet neurotypical parenting expectations, to the point of concealing their sensory distress (both to themselves and others) and abstaining from autistic, self-regulatory behaviours like stimming. For the study's respondents, masking sensory responses and needs triggered autistic burnout, exacerbated it, or both (Ferguson et al., 2024). Similarly, Schoondermark et al. (2024) found that for autistic women in the Netherlands, masking involved concealing sensory overwhelm, which delayed their own recognition and self-management of sensory distress, exacerbating their autistic burnout.

Masking as a Barrier to Self-Regulation

Masking behaviours also limit strategies for sensory regulation, not only in terms of stimming, but also in seeking sensory-friendly environments or using sensory aids such as fidget toys, sunglasses, or headphones (Clarey et al., 2025). Feeling unable to use strategies to better cope with adverse stimuli, high-masking autistic people may be prone to chronic sensory distress that contributes to the development of autistic burnout and prevents recovery (Chury et al., 2025; Clarey et al., 2025; Raymaker et al., 2020). Higgins et al. (2021) and Arnold et al. (2023b) found that once autistic burnout had set in, continuing to mask may have contributed to participants' reduced ability to cope with sensory input and/or increased sensitivity to sensory input. But despite these challenges, autistic adults can and do recover from autistic burnout.

Experiences of Recovery

This theme reveals that the recovery process is neither linear nor predictable, and requires both reduced demands and increased supports for autists. The selected studies also suggest that recovering from autistic burnout requires careful attention to sensory needs.

Reducing Sensory Input

Although recovery was not a central focus of any of the articles on autistic burnout, it was a frequent theme and often linked to sensory processing differences. For instance, research by Clarey et al. (2025), Ferguson et al. (2024), and Raymaker et al. (2020) has shown that recovery is closely tied to an autistic person's ability to control their sensory environment. The ability to seek out quiet spaces, engage in preferred sensory activities, and reduce social interactions (which involve both sensory and cognitive demands) were all identified as key factors to autistic burnout recovery. Likewise, in their conceptual model, Mantzalas et al. (2022b) included reduced sensory load as a protective factor for autistic burnout.

The study by Schoondermark et al. (2024), which validated the Dutch version of the AABM, found that the severity of autistic burnout symptoms correlated moderately with anxiety and somatization (the expression of psychological or emotional experiences as physical symptoms), suggesting that autistic burnout is a psychophysiological response mediated by sensory stress (Carpita et al., 2024). Additionally, Schoondermark et al. (2024) argued that correctly diagnosing autistic burnout is crucial, given that recovery likely requires sensory accommodations that other mental health challenges typically do not. For instance, treatment for a misdiagnosis of depression might involve encouraging an autistic person to remain socially engaged when what they need is a period of relative isolation in order to reduce sensory overload.

In fact, participants who had experienced autistic burnout spoke of completely withdrawing physically and socially from their usual environments or seeking out quiet and dark environments for long stretches of time, in several articles (Chury et al., 2025; Clarey et al., 2025; Raymaker et al., 2020). Even the autistic mothers in the Ferguson et al. (2024) study, who were all the primary caregivers of children, reported the need to spend time alone in quiet environments to recuperate.

Stimming

In addition to reducing sensory stimulation, autistic respondents used stimulation-seeking behaviour to manage their sensory needs during burnout. Studies by Chury et al. (2025), Clarey et al. (2025), and Raymaker et al. (2020) included narratives about autistic people engaging in self-soothing repetitive behaviours, such as rocking, fidgeting, or humming, to regulate their nervous systems. Several papers described these strategies as being 'natural' for autistic people, but difficult to engage with due to the long-term suppression or concealment of autistic traits and behaviours to adapt to neurotypical social conventions.

Unmasking

Intentionally ceasing one's masking behaviours is known in autistic communities as 'unmasking,' but has yet to be validated as a construct in academic literature (Chury et al., 2025; Clarey et al., 2025; Durben, 2024). Although there is scant literature on the mental health benefits of autistic unmasking, it stands to reason that unmasking should be generally beneficial, if masking is detrimental. Additionally, two related concepts—authentic autistic expression and positive autistic identity— have been shown to bolster the mental health of autists (Cook et al., 2023; Davies et al., 2024).

Given this broader research context, it shouldn't be surprising that unmasking frequently appears in the literature review as a recovery strategy. In the study by Raymaker et al. (2020), participants reported that stepping away from social demands and expressing themselves authentically facilitated their recovery from autistic burnout. Likewise, Clarey et al. (2025) found that being openly autistic and not suppressing autistic traits helped participants regain energy and functioning during autistic burnout. At the same time, participants expressed some apprehension about unmasking, noting that doing so carried risks to their familial, community, and professional relationships (Ferguson et al., 2024; Schoondermark et al., 2024). Arguably, the dearth of mental health support for autistic adults only compounds the challenge of navigating the benefits and risks of unmasking adults, as the next section reveals.

Accessibility of Supports

While the global prevalence of autism among adults is growing, research shows that the availability of post-diagnosis support remains inadequate (Huang et al., 2024; Norris et al., 2024). The selected studies reiterate this problem and show that the onset, development, and recovery from autistic burnout are all impacted by insufficient support for autists.

Misdiagnoses and Missed Diagnoses

Arnold et al. (2023a) found that nearly half of autistic adults were misdiagnosed when they sought help for autistic burnout, receiving psychiatric diagnoses like depression or borderline personality disorder, instead. The study by Raymaker et al. (2020) noted that clinicians are unfamiliar with autistic burnout and tend to view an autistic patient's burnout symptoms through a neurotypical lens that overlooks autism-specific stressors, like sensory sensitivity. Besides increasing the likelihood of misdiagnosis, a failure to identify autistic burnout can result in clinicians recommending ineffective or even harmful treatments (Raymaker et al., 2020).

The literature also suggests that women may be more likely to receive misdiagnoses or missed diagnoses than men. Both Ferguson et al. (2024) and Schoondermark et al. (2024) found that the burnout experiences of autistic women were frequently overlooked. Schoondermark et al. (2024) attributed this to camouflaging, while Ferguson et al. (2024) found that autistic mothers were held to societal expectations of mothers that are not realistic for women of any neurotype. These findings align with other studies showing that the mental health complaints of autistic women frequently lead to missed diagnoses or misdiagnoses (Dell'Osso & Carpita, 2022;

Kentrou et al., 2024).

Poor Access to Mental Healthcare

Some autists cannot access mental health treatment at all, which puts them at risk of developing autistic burnout in the first place. Participants in both the Raymaker et al. (2020) and Mantzalas et al. (2022b) studies attributed their autistic burnout to both life-stresses and their inability to access support for managing those stresses. In their study of university students, Cage and McManemy (2022) found that institutions did not provide accommodations or mental health support for autistic students experiencing burnout, which exacerbated existing mental health problems and increased their risk of dropping out.

Critical Discussion of the Findings

As previously discussed, SRMD asserts that the physical and mental differences the medical model deems 'deficits' are largely socially constructed (Chapman, 2021; Thomas, 2004). Moreover, the harm component of a disability like autism is often not the direct result of one's differences, but societally and relationally imposed, for instance, through the systemic oppression of differences or ill-fitting neurotypical social expectations that cannot be met without a psychological or physical toll (Chapman, 2021). The SRMD is one of several frameworks that underpin the neurodiversity movement, which views autism (and ADHD, which commonly co-occurs with autism) as natural variations in human neurophysiology and de-pathologizes neurodivergent traits (Pellicano & den Houting, 2022).

Applying this theoretical lens to the first theme — 'The emergence and conceptualization of autistic burnout' — we see that many of the risk factors of autistic burnout stem from social conditions. Raymaker et al. (2020) define burnout as a chronic depletion of internal resources resulting from efforts to meet neurotypical norms related to productivity, behaviour, and emotional regulation. Likewise, Arnold et al. (2023a) describe autistic burnout as arising from the chronic mismatch between environmental demands (which are socially constructed) and a person's atypical neurology, as well as social stigma and exclusion. The study by Ferguson et al. (2024) reveals how neurotypical and gendered parenting norms strain the resources of autistic mothers and put them at risk of autistic burnout.

Additionally, we see how assessment tools may reinforce the idea that autistic burnout is a personal problem unrelated to a person's social context. While necessary for construct validation and clinical identification, scales are inherently focused on internal symptoms and the private experiences of autistic people and tend to overlook their social and relational contexts. Schoondermark et al. (2024) were the only authors to note that current assessment tools were inadequate for capturing the experiences of autistic women, for whom gender expectations are relevant to their experiences of stress.

The second theme of the study — 'Sensory processing differences' — highlights how this core feature of autism can become disabling in social contexts that lack accommodation. A number of studies suggested that autistic individuals may develop burnout or experience worsened burnout because of chronic exposure to sensory stress (Arnold et al., 2023a; Mantzalas et al., 2022a; Raymaker et al., 2020). Looking at this through an SRMD lens, we see how the sensory processing differences become impairments when autistic people's sensory needs are not met. Notably, research shows that neurotypical people are also prone to burnout when they have unaccommodated sensory sensitivities (Golonka & Gulla, 2021; van den Boogert et al., 2022b).

Perhaps the third theme, 'Identity and masking,' provides the best support for SRMD. According to many of the studies, one of the most significant risk factors for autistic burnout is camouflaging or masking, in which autistic people change their behaviours and communication styles to mimic the neurotypical people around them (Arnold et al., 2023a; Cage & McManemy, 2022; Clarey et al., 2025; Ferguson et al., 2024; Higgins et al., 2021; Mantzalas et al., 2022a; Raymaker et al., 2020). Through the SRMD lens, one might see camouflaging as a sometimes necessary, but often harmful, coping response to social exclusion or stigma. Of course, given the potential risks of unmasking, greater research is needed to determine how autistic individuals can best weigh the costs and benefits of passing as neurotypical.

The fourth and fifth themes, ‘Experiences of recovery’ and ‘Accessibility of support’, reveal the importance of social support for the mental health of autistic people. Several of the selected studies linked burnout recovery to the ability to control one’s sensory environment and engage in preferred sensory activities to self-regulate. However, this often comes at the expense of social interaction, as many study participants reported socially withdrawing in order to reduce their sensory and cognitive load and recover from burnout.

But from an SRMD standpoint, recovering through self-isolation strongly suggests a systemic failure to support the recovery and overall mental health of autistic people. The studies in this literature review did not extensively explore the relationship between autistic burnout recovery and social disengagement. Still, there is ample research to suggest that social withdrawal is a risky strategy. One study in this review, by Benatov et al. (2025), suggests that autistic camouflaging increases the risk of burnout and exhaustion, which in turn increases the risk of depression. Research in the broader literature shows that autistic people are highly prone to depression and suicidal ideation, and that loneliness and lack of social support are significant risk factors (Hedley et al., 2018; Hollocks et al., 2019). Further, research suggests that a certain amount of social engagement reduces depressive symptoms in autistic people, although this is influenced by factors such as social motivation (Adams et al., 2023).

If social and relational factors create the conditions for autistic traits to become disabling — creating mental health problems like autistic burnout — one might argue that they can also produce the conditions for recovery and greater well-being. Arguably, autistic people should not need to isolate themselves as part of their burnout recovery, given the risks of other mental health issues. Recovery from — and prevention of — autistic burnout requires all manner of community support tailored to autistic needs. Examples might include autism-informed therapy, sensory accommodations at work and school, and quiet spaces in public areas that allow autists to regulate themselves with stimming or reduced sensory input.

Gaps in Current Literature

Despite the progress made in conceptualizing and measuring autistic burnout, the literature remains limited in scope and depth. One of the clearest examples of this is the absence of studies directly examining the role of sensory processing differences in autistic burnout. Although the current research references sensory overload, suppression of stimming, and the impact of overstimulating environments, it does not systematically investigate sensory processing differences as mechanisms for the development of autistic burnout.

Another notable omission is the lack of research on recovery strategies. In the existing studies, participants describe social withdrawal, stimming behaviours, and managing their sensory environments as helpful, but recovery strategies are not systematically evaluated. Targeted research is needed for clinicians to provide evidence-based interventions in therapy.

These research gaps are exacerbated by the lack of diversity in research design and methodology. Existing studies are predominantly cross-sectional or retrospective, and without longitudinal or prospective studies, we lack information on how autistic burnout develops over time or how sensory processing differences may impact recovery or recurrence. Additionally, the research relies heavily on self-report methods, which can be biased by social expectations and hinge on a person's ability to understand and articulate their inner experiences (Danés et al., 2023). Research suggests that self-report measures are reasonably valid tools for studying internal processes, but the use of other measures—like informant reporting (gathering data from a third-party) or implicit measures (data related to a person's physiological or behavioural responses)—would deepen our knowledge (Corneille & Gawronski, 2024; Danés et al., 2023).

Finally, the literature lacks cultural diversity. The studies primarily represent white, cisgender, and middle-class participants, overlooking how intersecting identities may shape experiences of burnout and recovery. The research also overlooks how comorbid conditions like ADHD, bipolar disorder, or chronic pain may compound susceptibility and complicate recovery. Likewise, the literature does not address the role of social determinants of health (SDOH)—external factors such as economic stability, housing security, and educational attainment (WHO, 2025). Because SDOH has a significant impact on the mental and physical health of autists, it would be reasonable to hypothesize that it is a factor in autistic burnout (Hotez & Shea, 2023).

These gaps reveal a body of research that is still very new and has focused on defining and validating autistic burnout as a construct, leaving critical questions about etiology, prognosis, and treatment largely unexplored. A more comprehensive and nuanced portrait of autistic burnout requires significantly more scholarship and research that is more diverse in terms of both methodology and study populations.

Ethical Considerations

Because autism research has often been conducted without the involvement of autistic people, ethical conduct is especially important (Cascio et al., 2020; Pellicano et al., 2022). Fortunately, the selected studies reflect a paradigm shift that centres the lived experiences of autistic people and aligns with the ‘Nothing about us, without us’ precept of the disability rights movement, as well as what Cascio et al. (2020) describe as ‘person-oriented research ethics’ — an approach that prioritizes the best interests of autistic people and their communities.

Formal frameworks such as the CPA’s *Code of Ethics* and CAP’s *Standards of Practice,* as well as the *Tri-Council Policy Statement* (TCPS 2)—set out by Canada’s three largest research funders (known as the Tri-Council)— provide a foundation for ethical research (CAP, 2023; Canadian Institutes of Health Research [CIHR] et al., 2022; CPA, 2017). However, ethical responsibility extends beyond mere compliance for both researchers and clinicians. Practices surrounding consent, confidentiality, withdrawal, debriefing, and participant protection have both relational and clinical implications, particularly in terms of building trust, minimizing harm, and respecting autonomy. This is particularly true when working with neurodivergent clients who have historically been disempowered across institutional contexts (Cascio & Weiss, 2020).

Informed Consent and Confidentiality

The importance of informed consent is delineated carefully in the guidelines set out by CAP (2023), CIHR et al. (2022), and CPA (2017). In terms of CAP’s *Standards of Practice*, informed consent is included in the third standard, ‘Informed consent for services,’ and describes how consent for research must be obtained (with both discussion and written, signed consent) and what the terms of consent should include (a long list, including confidentiality protections, and benefits/risks) (CAP, 2023). In the TCPS 2, informed consent is presented under the principle of ‘Respect for Persons’ and emphasizes the importance of respecting individual autonomy and communicating a participant’s right to withdraw both their consent and any data provided (CIHR et al., 2022). In CPA’s *Canadian Code of Ethics for Psychologists*, informed consent falls under the first principle, ‘Respect for the Dignity of Persons and Peoples,’ and includes communicating the limits of confidentiality, how data will be used, and protection of participants' privacy (CPA, 2017).

The vast majority of studies describe a comprehensive informed consent process in their methodology sections, but Benatov et al. (2025) and Cage and McManemy (2022) appear to have obtained written consent only. Without accompanying discussion to confirm comprehension, consent may be uncertain as a participant's comprehension may have been impeded by factors such as attentional difficulties related to comorbid ADHD, literacy or language barriers, or cognitive impairments resulting from medical issues (Rong et al., 2021; Sankary et al., 2022). Some scholars of research ethics argue that, regardless of comorbid conditions, all autistic individuals experience differences in communication and cognition that should be accommodated when obtaining informed consent. Examples include the use of visual aids (such as social stories), alternative and augmentative communication (such as text-to-speech software), and blending written and verbal communication (Cascio & Weiss, 2020). None of the studies in the literature review appears to have assessed participants' communication needs when obtaining informed consent. Just as failing to obtain informed consent risks the therapeutic relationship in clinical settings, it can threaten the rapport between researchers and participants in research contexts.

Consent is even more contentious in the case of the two studies that relied on data 'scraped' from websites, a relatively new process that allows researchers unfettered access to large datasets, but is ethically fraught (Luscombe et al., 2022). Websites like Reddit and Twitter may be public, but a user's decision to post is not a substitute for informed consent. Even so, some researchers and review boards dispute the need for formal consent if data is anonymized or online aliases are used (Luscombe et al., 2022). Clarey et al. (2025) did not seek permission to use the posts of Reddit users in their research, nor addressed the ethics of that choice in their paper. While Mantzalas et al. (2022b) sought informed consent from only specific Twitter and Wrong Planet users to quote them in the study, they did not seek permission to use anonymized data for their content analysis.

In terms of confidentiality, most of the selected studies meet the requirements of the three ethical frameworks, which emphasize safeguarding participant information to protect anonymity and privacy. Most described procedures for ensuring confidentiality, including the use of pseudonyms and data de-identification, as well as strategies for secure data handling. However, a few studies did not explicitly describe their confidentiality procedures, including Cage and McManemy (2022), Schoondermark et al. (2024), and Higgins et al. (2021). But, as in all studies in the literature review, these authors obtained approval from an institutional review board, which implies attention to participant confidentiality. Furthermore, in the case of Higgins et al. (2021), a certain degree of confidentiality is implied by their use of the Delphi Method, which prevents direct communication between participants (Howard, 2018).

Withdrawal and Debriefing

None of the studies explicitly referenced debriefing participants or withdrawal as a component of the informed consent process, except one. Ferguson et al. (2024) used member checking to ensure data accuracy and noted that, when they sent anonymized transcripts back to participants, they reminded them of their right to withdraw from the study. The study authors also described fully debriefing participants afterwards to ascertain any harm caused and share mental health support (Ferguson et al., 2024).

Debriefing isn't referenced in CAP's practice standards, but it is mentioned in both the TCPS 2 and CPA's ethical code (CAP, 2023; CIHR et al., 2022; CPA, 2017). In both contexts, debriefing is described as a means of ensuring data trustworthiness and as an opportunity to remind participants of their right to withdraw (CIHR et al., 2022; CPA, 2017). Only the CPA ethical code states that debriefing is also a means of discerning whether participants have been harmed by their participation in research and of remedying that harm (CPA, 2017).

The widespread failure of the selected studies to address withdrawal and debriefing is a significant problem. Just as in counselling, where clients must feel free to stop or step back at any time, research participants require ongoing reminders of their autonomy. Without clear withdrawal and debriefing practices, participants may feel coerced or unsupported—a risk compounded by the emotional toll of discussing burnout. This is particularly concerning given that participants were autistic individuals, who often experience slower processing speeds than neurotypicals (Gonçalves & Monteiro, 2023). Given that autistic participants may not immediately recognize their emotional distress, debriefing is crucial for harm mitigation.

Protection of Participants

In research, as in clinical practice, protecting participants from harm is central to ethical practices and clearly outlined in CPA's ethical code (namely the second principle of 'Responsible caring') and the Tri-Council Policy Statement (particularly the second precept, 'Concern for Welfare') (CPA, 2017; CIHR et al., 2023). Judging by the widespread use of participatory research, which prioritizes the inclusion and best interests of the population under study, the majority of study authors appear to have prioritized participant protection (Cascio et al., 2020). However, the methodologies suggest that, in practice, there may not have been adequate safeguards. Only one study, by Ferguson et al. (2024), mentioned the use of debriefing to ascertain participant harm, and none explicitly mentioned practices to protect autistic participants. Notably, none of the studies appeared to have adapted informed consent procedures to meet the needs of a population with cognitive and communication differences (Rong et al., 2021; Sankary et al., 2022).

Deception and Compensation

None of the studies employed deception, a practice in which researchers give participants inaccurate or incomplete information to test a particular phenomenon (Olson & Raz, 2021). This research practice contradicts the concept of informed consent, which requires that participants understand the nature, purpose, and risks of a study. Because of this, CPA's *Code of Ethics* states that deception should be used only when the benefits of the knowledge gained outweigh the harms associated with violating participant autonomy and risking the public's trust in psychology (CPA, 2017). Likewise, the TCPS 2 views deception as only justifiable if the research question cannot be addressed with a different research design and if the lack of prior consent will not adversely affect the welfare of research participants (CIHR et al., 2023). However, in the context of autism research, the use of deception poses some risks specific to the autistic community, such as undue distress resulting from the lack of predictability inherent to deception. A core characteristic of autism is insistence on sameness and difficulty adapting to change (APA, 2015). Deception practices also risk damaging the autistic community's trust in researchers, who have traditionally treated autists as objects of research, not collaborators (Anderson-Chavarria, 2021).

A less contentious research practice, compensation, was used in only two studies. In both cases, the gifts were modest and unlikely to motivate participants to disregard risks to take part in the research, as per the guidelines in the TCPS 2 (Arnold et al., 2023b; CIHR et al., 2023; Mantzalas et al., 2022a). In fact, compensation seems appropriate in this context, as it acknowledges participants' time and emotional labour and reinforces respect and reciprocity in the researcher-participant relationship.

Conclusion

Overall, the reviewed studies demonstrate a shift toward person-oriented research ethics; however, several ethical gaps are apparent, particularly in the areas of consent, withdrawal, and participant protection. From a counselling psychology perspective, these gaps mirror relational risks in clinical work, where failing to secure genuine consent or to safeguard autonomy can erode trust. Looking ahead, research on autistic burnout would benefit from autistic-informed ethical guidelines that emphasize consent, autonomy, and safety, which we will address in further detail in the next chapter.

Chapter Summary

Overall, the emerging literature supports autistic burnout as a distinct construct, separate from depression and burnout syndrome, with core symptoms including exhaustion, increased sensory sensitivities, and social withdrawal. Its etiology appears complex and multifactorial, with several prominent factors including: neurotypical environmental demands mismatched with autistic sensory sensitivities, stresses related to camouflaging, and inadequate community support. Importantly, this review established that autistic burnout is shaped not only by individual neurology but by the social environments in which autistic people live.

This thematic review also identified key gaps, such as the lack of systematic exploration of sensory processing differences as a mechanism of autistic burnout and the underrepresentation of diverse populations. These deficits point to a pressing need for more inclusive and actionable research on autistic burnout and its intersection with sensory processing.

The following chapter will explore the clinical implications of these findings. Using the SRMD framework, Chapter 4 emphasizes the importance of sensory-informed care, unmasking support, identity affirmation, and culturally competent practice. This translation of research into clinical practice aims to provide therapists with a deeper understanding of the lived experience of autistic burnout and how they can support a client’s recovery.

Chapter 4 - Application to Clinical Practice

Emerging research on autistic burnout has the potential to improve the mental health of autistic adults if thoughtfully applied to their clinical treatment. Drawing on the central themes of the literature review—including the conceptualization of autistic burnout, masking, sensory processing differences, and accessibility of supports—this chapter highlights how clinicians can apply key research findings to the assessment and treatment of clients with autistic burnout.

Viewing autistic burnout through an SRMD lens, we see that it is not merely an individual struggle, but rather a systemic mismatch between the environments autistic individuals must navigate, and the limitations of their neurotype. This perspective runs counter to the predominant medical model, which views autism in terms of individual deficits and has historically ignored the perspectives of autistic individuals (Anderson-Chavarria, 2021). This paradigm also ignores the strengths that often come with an autistic brain, such as excellent pattern recognition and visual-spatial awareness (MacCarthaigh, 2019). In contrast, SRMD is arguably more empowering for autistic individuals as it depathologizes autism and identifies environmental factors as the real source of disability. However, this paradigm risks minimizing the challenge of sensory processing differences in the overall well-being of autistic individuals—a problem that is equally rooted in physiological differences and exacerbated by environmental factors. While SRMD has its limitations, it is a significantly more empowering paradigm for autistic individuals, supports the disability rights movement, and challenges people of all neurotypes to prioritize social inclusion.

In alignment with SRMD, this chapter also explores the influence of culture, accessibility considerations, and the clinical implications of legislation. But first, we will explore the challenges of applying research to clinical practice, particularly when a body of research is emerging and incomplete.

Translating Research into Practice

It has been argued that psychotherapy is both an art and a science. In terms of the latter, clinicians are expected to use empirically supported therapeutic techniques to provide safe and effective treatment (Hofmann & Weinberger, 2013). This is a matter of both professional competency and ethical practice, as per CAP's standards of practice and CPA's code of ethics (CAP, 2023a; CPA, 2017). Empirical support is also at the heart of the growing Evidence-Based Practice in Psychology (EBPP) movement, which calls on therapists to integrate the best available research with their clinical expertise (Melchert et al., 2024). EBPP may be particularly important in the context of therapy for autistic adults as it is alarmingly common for allied health professionals to use unsupported or outdated practices in the treatment of autists (Paynter et al., 2022; Vivanti & Messinger, 2021). Even if psychologically benign, these unsupported practices can cause harm via financial and opportunity costs (Schweizer et al., 2024).

However, an EBPP approach can be hampered by the volume and quality of a body of research. In the context of autism research, adults have been historically overlooked by researchers, which means some areas of research are woefully inadequate (Mason et al., 2022). For instance, there has been little evaluation of specific psychotherapeutic interventions or strategies for autistic adults (Mazurek et al., 2023; Mota et al., 2024). Additionally, empirical evidence is shaped by sampling bias, and the extant research may not be generalizable to all autistic people, particularly BIPOC autists (Girolamo et al., 2022; Malone et al., 2022; Parmenter & Barrita, 2024). Lastly, the research on autistic adults includes a large number of qualitative studies, which highlight lived experiences but lack the statistical generalizability of quantitative studies, especially longitudinal, quantitative studies with large sample sizes.

Given these research limitations, we must also look to the ‘art’ of psychotherapy, which, according to Hoffmann and Weinberger (2013), lies in the creative application of professional knowledge. This is echoed by Melchert et al. (2024), who argue that when relevant research on a topic is lacking, clinicians must lean on their clinical expertise. To fill the gaps left by the research, they must integrate other sources of data, such as anecdotal information from their own professional experience or consultations with colleagues, to determine the best course of action for a client (Melchert et al., 2024).

Translating Autistic Burnout Research

As previously discussed, the research on autistic burnout has some significant gaps, and therapists will need to lean on their clinical expertise and creativity in treating autistic adults with burnout symptoms. That said, the literature review findings suggest some clinical applications for case formulation, assessment, treatment, and advocacy, as I will show. All the suggestions contained herein are suitable for both aspiring and experienced practitioners, but it is recommended that any clinician working with or planning to work with autistic adults seek additional education on autism. Research suggests that clinicians at all levels of experience are often uninformed about autism in adults and the therapy needs of autistic clients (Lipinski et al., 2021).

Case Conceptualization

The SRMD framework encourages clinicians to view autistic burnout symptoms not as internal deficits, but rather manifestations of an ill-fitting society—with neurotypical social expectations, and workplaces and schools designed for allistic individuals. Through this lens, case conceptualization should include, or even emphasize, relational and environmental factors;

however, when we add the tenets of EBPP, we must ground our case conceptualization in empirical evidence. Thus, an initial case conceptualization should begin with detailed history-taking that involves queries informed by relevant research findings and that address social and relational elements of a client's life. For instance, a therapist might ask a client with probable autistic burnout questions related to symptoms and impacts, community and social context, support needs, masking, experiences of stigma, cultural identities, and sensory stressors (see Appendix C).

At first glance, these categories might seem more aligned with the deficit-based medical model than the neurodiversity-affirming SRMD. The 'Symptoms and Impacts' and 'Sensory Stresses' queries may bring to mind the medical model's pathologization of disabled bodies and insistence that physical and mental differences be cured (Zaks, 2023). However, the focus here is not on curing an autistic client, but on identifying the conditions contributing to their distress, especially social and relational elements (as per the SRMD framework) and sensory processing differences (as per the empirical evidence gleaned from the literature review).

Assessment

Practitioners working with autistic clients might use formal assessment tools to gather information that may be difficult to elicit through conversation alone due to autism-related differences in cognition and communication. For instance, many autistic adults have difficulty with expressive language (how we formulate and convey thoughts through spoken or written language) and episodic memory recall (how we remember past experiences), potentially limiting how comprehensively a client answers open-ended questions about personal experiences (Bearman et al., 2021; Norris & Maras, 2021). Questionnaire-based assessment tools may offer a remedy by providing concrete prompts and fixed response options, potentially helping autistic clients convey more details about their experiences. That said, practitioners should be aware that regardless of how we ask questions, an autistic client's responses may be impacted by impaired interoception (the ability to perceive internal states, including sensory experiences) and alexithymia (the ability to identify and articulate internal states), which are common experiences for autists (Ferguson et al., 2023; Klein et al., 2025).

Although there are no published scales for diagnosing autistic burnout or assessing symptom severity, there are tools to help clinicians understand how their clients' sensory processing differences may impact their experience of autistic burnout. Creating a sensory processing profile has been shown to help practitioners treating clients with mental health problems — specifically in selecting interventions and helping clients develop coping strategies—and it stands to reason that it would be similarly helpful for treating autistic burnout (Serafini et al., 2017). Below are two published assessment tools, created by occupational therapy researchers, that mental health practitioners can use to help create sensory profiles of clients with probable autistic burnout.

Adolescent/Adult Sensory Profile (AASP). This 60-item, self-administered questionnaire is designed for a general population (Brown & Dunn, 2002; Goycolea Martinic et al., 2024). The tool identifies patterns of sensory responses within all domains of sensory processing to determine the degree to which a person experiences sensory sensitivity, sensation avoidance, sensation seeking, and low registration (Gomez & Medallon, 2022). As a Level B assessment tool, the AASP is available to practitioners with undergraduate degrees in psychology, occupational therapy, or a related field (WPS Publishing, n.d.).

Sensory Processing Measure, second edition (SPM-2). This tool was originally developed by occupational therapists for use in a general adult population (Parham et al., 2021).

Although psychometrically robust, the SPM-2 is a Level C assessment tool and, as such, not yet accessible to aspiring practitioners (Brown et al., 2023). Should an aspiring practitioner register as a provisional psychologist after graduate school, they may be able to administer the SPM-2 under the supervision of a registered psychologist with assessment expertise (CAP, 2023b).

The Glasgow Sensory Questionnaire (GSQ). This unpublished tool has been used only in research contexts but is included here because it was designed for autistic adults and may become commercially available in the future (Robertson & Simmons, 2019). The 42-item, self-administered GSQ assesses sensory processing challenges and indicates a client's most challenging sensory domains (Kiep et al., 2023; Robertson & Simmons, 2019).

Critical Evaluation of Sensory Assessment Tools. All three tools have been shown to be psychometrically robust for use with autistic adults, but have functional limitations, the most obvious being the fact that the GSQ is not commercially available. Additionally, the two published tools—the AASP and SPM-2—were normed on neurotypical populations and do not describe an autistic person’s sensory processing relative to their autistic peers. As such, the tools are not necessarily appropriate for formal evaluation, but they may provide practitioners working with autistic adults with clinically relevant insights. The AASP provides information on sensation-seeking and avoidance, as well as on sensitivity and responsiveness to different kinds of sensory inputs, while the SPM-2 captures how well a client’s sensory processing impacts their functioning in different environments (Brown et al., 2024; Brown & Dunn, 2019).

Secondly, all three tools have some degree of cultural bias, limiting their generalizability to clients. Both the AASP and SPM-2 were normed in the US with overwhelmingly Caucasian populations, so they may not accurately reflect the sensory processing differences of BIPOC clients or Canadians (Brown & Dunn, 2019; Brown et al., 2024). The GSQ's cultural bias is more difficult to assess as the original research was conducted with a small sample of English-speaking autistic adults in the UK, of unreported ethnicity/race, gender, or income, suggesting a very narrow demographic (Robertson & Simmons, 2013). However, over the years, the GSQ has been translated into multiple languages and validated in countries around the World, including China, Japan, the Netherlands, France, and Germany (Kuiper et al., 2018; Sapey-Triomphe et al., 2018; Ward et al., 2023; Zeisel et al., 2023). For this reason, the tool may be more accurate than the AASP or SPM-2 in evaluating the sensory processing differences of diverse clients.

It should also be noted that all three assessment tools were developed within the profession of occupational therapy, which shares some scope overlap with clinical psychology. However, both the AASP and SPM-2 are cross-disciplinary tools that can be administered by psychologists and other mental health professionals, provided they have attained the requisite level of education and training (Level B and C, respectively) (Pearson Clinical Assessment, n.d; WPS Publishing, n.d.). The GSQ has yet to be standardized, but will likely be a cross-disciplinary assessment tool given its past use in cross-disciplinary autism research.

Other Considerations. When gathering information on a client's sensory challenges, practitioners should be aware of the possibility of Sensory Processing Disorder (SPD), a neurological condition that is not included in either the DSM-5 or ICD-11 (Galiana-Simal et al., 2020; Kirby et al., 2023). SPD must be diagnosed and treated by a specialist, such as a clinical neuropsychologist or an occupational therapist (CPA, 2021; Goodman-Scott et al., 2020; Kirby et al., 2023). Both aspiring practitioners and registered psychologists without a neuropsychology specialization should refer their clients to a specialist if SPD seems likely, as per their ethical and legal obligations to practice within the limits of their competency (CAP, 2023a; CPA, 2017).

In discussing the overlapping scopes of registered psychologists and occupational therapists, it’s worth noting the potential value of cross-disciplinary care for autistic clients, who often have complex health needs. Autists are not only at high risk of comorbid mental health disorders, but also comorbid medical conditions—including epilepsy, gastrointestinal disorders, and cardiovascular conditions— that fall outside the scope of psychotherapy treatment but may impact their experience of autistic burnout (Forde et al., 2022; Weir et al., 2020). This is one reason why those with autistic burnout—as well as autists in general—may be best served by cross-disciplinary care provided at clinics specializing in autism (Kartoz et al., 2022; Mazurek et al., 2023; Weiss et al., 2022).

Treatment

As noted, there are no evidence-based treatments for autistic burnout. Because of this, the following treatment recommendations were extrapolated from the findings of this study, as well as broader, cross-disciplinary literature on sensory processing, adult autism, and the therapy needs of autistic adults. For instance, the recommendation of ‘sensory auditing,’ which I explore below, is empirically supported by research within occupational therapy, education, and industrial design (Beck et al., 2021; Massonnie & Mavridou, 2024; Morris et al., 2025; Mosca & Capolongo, 2023). However, the findings of this study point to sensory management in a general sense rather than to sensory auditing specifically.

It is also important to recognize that some of the treatment recommendations may be inappropriate or even dangerous for some clients. For instance, the unmasking recommendation may be inappropriate for clients who must mask outside of the home for safety reasons, such as avoiding police violence, social ostracization, or workplace discrimination (Kidwell et al., 2023; Lei et al., 2024; Miller et al., 2021; Wallace et al., 2022).

Sensory Auditing. Having gathered information about a client’s sensory processing differences, a clinician might then interview their client about sensory stressors within their home, school, and work environments. This informal sensory ‘audit’ can help practitioners and clients identify ways to reduce or eliminate exposure to adverse sensory experiences. Strategies might include avoiding certain spaces (such as crowded public areas), making changes to environments they can control (such as turning off overhead lights), identifying coping tools (such as noise-cancelling headphones), or engaging in sensory regulation activities (such as stimming).

The therapist and client should also ‘audit’ the treatment room to ensure it accommodates a client’s sensory processing differences and does not impede their sense of comfort or safety during sessions. Through the SRMD lens, these adjustments are not optional supports but essential structural accommodations that support autonomy, comfort, and participation.

One-on-One Therapy. For most adults with autistic burnout, one-on-one therapy is preferred over group therapy interventions. Autistic burnout literature suggests that many people recover from autistic burnout by withdrawing socially and limiting sensory demands (Clarey et al., 2025; Ferguson et al., 2024; Raymaker et al., 2020). Other research suggests that sensory sensitivities impede autistic adults' ability to focus on conversations during group interventions, whether in-person or online (Hwang et al., 2020).

Stimming for Regulation. In sessions, therapists should encourage autistic clients to stim as needed to maintain sensory and emotional regulation (Charlton et al., 2021). Research links sensory overwhelm with anxiety, which can impede the executive functions needed for productive therapy sessions, such as mental focus and working memory (Kiep et al., 2023; Normansell-Mossa et al., 2021).

Supporting Autistic Identity and Unmasking. Several studies included in the literature review, including Mantzalas et al. (2021a) and Ferguson et al. (2024), suggest that having a positive view of one’s autistic identity may reduce their risk of autistic burnout and facilitate recovery. Adults who embrace their autistic identity may also enjoy a better quality of life and higher levels of self-compassion than those who do not (Davis et al., 2024; Lamash et al., 2024; O’Brien et al., 2024). Autistic people who embrace their identity are also more engaged with their communities (Lamash et al., 2024). This is significant as greater social engagement, particularly with other autistic people, may be protective against anxiety and mood disorders (Cooper et al., 2022; Crompton et al., 2020; Maitland et al., 2021). Although none of the studies in the literature review linked social engagement with a reduced risk of autistic burnout, it seems a reasonable hypothesis given its association with improved mental health for autistic adults.

Clinicians can play a crucial role in affirming autistic identity by framing ASD as a neurotype, providing psychoeducation around neurodiversity, and encouraging clients to unmask during sessions (Hume et al., 2022; Pappagianopoulos et al., 2024). Because there is no research on the process of unmasking, clinicians must lean heavily on their professional expertise and lived experiences of clients to devise strategies (Clarey et al., 2025; Durben, 2024). Research suggests that by affirming clients' autistic identities, therapists support identity formation—the process of integrating one’s minority identity within one’s overall sense of self (Davies et al., 2024; Lamash et al., 2024).

Relational Strategies: Alliance, Empathy, and Reflexivity. Within the selected studies, participants often reported feeling misunderstood by mental health professionals when they sought help for autistic burnout. In the articles by Arnold et al. (2023a) and Raymaker et al. (2020), participants recalled receiving misdiagnoses or having their complaints dismissed by their clinician, which negatively impacted the therapeutic alliance. This is not surprising given that many clinicians do not receive sufficient training on autism and the needs of autistic clients (Lipinski et al., 2022; Mazurek et al., 2023; O'Brien et al., 2024).

Clinicians can strengthen their therapeutic alliance with autistic clients by educating themselves about autism and employing relational strategies such as authenticity and self-disclosure, genuine empathy, and humility (Di Marco et al., 2025; Hume, 2022). Additionally, research suggests that therapists create stronger alliances when they create a safe space for autistic clients to be vulnerable (O'Brien et al., 2024). In addition to providing a sensory-friendly environment, therapists can create safety by being flexible, accommodating, and taking a strengths-based approach to therapy (O'Brien et al., 2024).

This aligns with my lived experience as an aspiring practitioner working with autistic adults during my practicum. With limited professional knowledge and experience to lean on, I focused heavily on cultivating strong therapeutic alliances with clients, knowing that these alliances predict better therapy outcomes for all neurotypes (Brewe et al., 2021; Hume, 2022). I also took a collaborative approach, which seems preferred by many autistic therapy clients (Jubenville-Wood et al., 2023; Pappagianopoulos et al., 2025). I was thankful that my clients were keen to share their experiences of autism and to collaborate on their treatment. When clients expressed the desire to practice unmasking during sessions, we experimented with various strategies, such as using fidget toys for stimming or engaging in repetitive movements, typically with their feet or hands. Some clients opted to consciously forgo aspects of neuronormative communication, such as making eye contact or facing me directly. Meanwhile, I experimented with my own body language, frequency of verbal interjection, and therapeutic interventions to see what allowed clients to express themselves most authentically.

In the course of my practicum, I was frequently impressed by the degree to which my clients understood ASD, ADHD, and mental disorders, and the degree to which they had reflected upon their own emotional and behavioural patterns. However, many of my clients did not reflect upon their own intersectional identities—or chose not to share this with me—and I underestimated their importance. As an aspiring practitioner who is also Caucasian and cisgender, this was an important lesson for me. I began asking clients directly how they felt about their marginalized identities and stopped avoiding complex topics, like race, which I'd felt uncomfortable broaching because of my privileges as a white, cisgender, and middle-class person.

Culturally Responsive and Reflexive Practice

The Role of Culture in Autistic Burnout

In treating those with probable autistic burnout, both aspiring and experienced clinicians must respect and understand clients' cultural identities, especially intersecting minority identities. This is not just a matter of respecting clients' dignity and their right to culturally competent care, but also a practical consideration. As we have discussed, autistic burnout is influenced by sociocultural factors and, as such, it is likely that the experience is mediated by a person's cultural background.

Unfortunately, researchers have yet to explore cultural differences in autistic burnout and there is a scarcity of research on cross-cultural autism research, which makes an SRMD approach difficult. However, the existing research suggests that, around the world, the prevalence of mental illness and autistic camouflaging (two risk factors for autistic burnout) varies greatly and is likely influenced by factors such as culturally mediated autism stigma (which impacts acceptance by self and community), and individualistic versus collectivist cultural norms (which may impact an autist's likelihood to mask) (Keating et al., 2024).

To provide culturally competent care, a clinician should investigate how a client's cultural identities influence their experience of autistic burnout and recovery. A client who has internalized cultural stigma toward autism, mental illness, and/or disability, for instance, may need support recognizing and challenging negative beliefs that do not serve their recovery. At the same time, a client's cultural beliefs or practices may support recovery. Although there is little scholarship on autism within Indigenous communities, research suggests that Indigenous clients may benefit from the integration of cultural beliefs and practices, such as smudging or involving elders (Bruno et al., 2024; Wendt et al., 2022).

When treating BIPOC clients, aspiring clinicians should be mindful that racism likely impacts their experiences of autistic burnout and mental health care, more generally. Chronic exposure to racism constitutes ongoing trauma for racialized people and may exacerbate mental health concerns, like autistic burnout (Williams et al., 2022). Additionally, research suggests that the racial biases of clinicians can prevent racialized people from receiving appropriate mental health care (Gajaria et al., 2021). Clinicians must be aware of these factors when treating BIPOC clients in order to prevent a missed or misdiagnosis, damage to the therapeutic alliance, and other harms. When treating BIPOC clients for autistic burnout or any other presenting concern, clinicians should also be aware that autism research has historically excluded BIPOC individuals and continues to do so (Girolamo et al., 2022; Malone et al., 2022). Because of this, an EBPP approach may be difficult as research findings may not be generalizable to BIPOC clients.

Like BIPOC individuals, sexual and gender minorities experience minority stress that can exacerbate mental health problems like autistic burnout (Parmenter & Barrita, 2024). This is an important consideration given the high prevalence of sexual and gender diversity within the autism community. Recent studies estimated that 41.2% of autistic adults are sexual minorities and 7.37% transgender, non-binary, or otherwise gender diverse (Bonazzi et al., 2025; McQuaid et al., 2023). For perspective, sexual and gender minorities comprise 4% and 0.33% of the general population of Canada, respectively (Statistics Canada, 2022). At the same time, clinicians should not assume that all aspects of a client's distress is socially caused in the interests of preserving their sense of individual autonomy.

Lastly, clinicians should be aware that many consider being autistic a cultural identity in itself (Cooper et al., 2017). Some argue that autism has evolved from a psychiatric diagnosis into a *bona fide* culture, with a shared worldview and norms shaped by broader cultural influences like the Internet revolution (Straus, 2013). If a client feels connected to autistic culture, a clinician should demonstrate cultural humility, as they would for any other cultural identity (Bulluss, 2021).

Self-Reflexivity

It has been argued that self-reflection should be a core practice within qualitative research in psychology, as it is within the practice of psychology (Olmos-Vega et al., 2022; Taylor, 2020). After all, understanding ourselves and our positionality is key to recognizing the assumptions and biases that we may bring to research (Ide & Beddoe, 2023; Olmos-Vega et al., 2022). This practice is particularly important when studying marginalized groups, such as the autistic community, lest we unintentionally reinforce existing stereotypes and biases in society. This is a matter of ethical practice, as per the Canadian Code of Ethics for Psychologists, particularly the principles of responsible caring (which emphasizes professional competence and minimization of harm) and respect for the dignity of persons and people (which emphasizes respect for all cultural identities) (CPA, 2017).

As a neurodivergent person with mental health challenges, I have deep empathy for the struggles of autistic individuals. I, too, am living in a world designed for neurotypical people and navigating life with an invisible disability. My keen interest in autistic burnout stems from personal and professional relationships with autistic people, which affords me a high degree of understanding and keenness to help. However, I am presumably allistic and, as such, some of the nuances of autistic burnout and adult autism are bound to elude me at times. I have reminded myself of this frequently while writing this capstone paper.

Other aspects of my identity threaten my objectivity. For instance, I am a Caucasian and cisgender person, which means I am at risk of white-centric and cis-normative biases. While conducting this study, I tried to be mindful of issues of intersectionality in the research. Upon reflection, I realized that while I was quick to notice the inclusion of gender and sexual minority persons, I did not initially notice the lack of BIPOC representation. Self-reflection can be an excellent tool for identifying blind spots resulting from one's positionality.

Arguably, culturally responsive care is an essential part of treating clients with autistic burnout. However, clinicians must also be aware of the systemic challenges autistic adults face and how they can address some of these barriers.

Accessibility and Systemic Barriers

Autistic adults, including those experiencing burnout, often face significant barriers in accessing appropriate mental health support. This issue is well-documented in both the autistic burnout literature and broader research on mental health services for neurodivergent individuals. From an SRMD standpoint, these accessibility challenges are not inherent to autism but reflect disabling environments and systemic inflexibility.

Limited Practitioner Knowledge

A recurring theme across studies is the scarcity of therapists trained in autism-specific approaches. For example, participants in Clarey et al. (2025), Ferguson et al. (2024), and Raymaker et al. (2020) described being misunderstood or dismissed by therapists who lacked sufficient knowledge about autism. These findings are reinforced by broader studies, such as Lipinski et al. (2019), which found that nearly half of autistic respondents cited difficulties in locating clinicians with appropriate expertise.

The SRMD frames this gap as a failure of professional training standards and health systems within society, and the consequences as a matter of social exclusion. After all, the lack of autism education in mental health professions effectively excludes autistic people from adequate care, perpetuating their distress and reinforcing their systemic marginalization. This, in turn, bars many autistic adults from full participation in society.

Financial Constraints

Another ramification of marginalization is financial insecurity, which creates a significant barrier to accessing private mental health services. This is especially problematic when the few autism-informed practitioners in one’s community work in private practice, as participants reported in the studies by Ferguson et al. (2024) and Raymaker et al. (2020).

Financial insecurity is largely due to high rates of unemployment and underemployment among autistic adults (Cai et al., 2023; Thorpe et al., 2024). In Canada, only 33% of autistic adults are employed, compared to 79% of non-disabled adults (Public Health Agency of Canada, 2019). On top of this, Canadian research shows that employed autistic adults make significantly less income than both non-disabled workers and those with other disabilities (Berrigan et al., 2023). Many autistic Canadians primarily subsist on family support, government assistance, or disability benefits (Berrigan et al., 2023).

The SRMD views these financial exclusions as socially produced forms of disablement. While therapists can provide sliding-scale counselling, structural reforms are also needed, such as expanded public funding for autism-informed mental health care.

Communication Barriers

Access to appropriate mental health care may also be obstructed by rigid communication norms, which make it difficult for autistic people to start and complete psychotherapy. In multiple studies, autistic participants described traditional intake processes as highly stressful and even prohibitive (Benatov et al., 2025; Clarey et al., 2025).

According to the SRMD framework, requiring that autistic clients mask or conform to neurotypical modes of communication represents a structural form of ableism. Instead, therapists should accommodate diverse communication preferences. A study by Paynter et al. (2025) found that the majority of autistic participants (62%) preferred to initiate contact with a therapist through email, letter, or telephone, and almost all (96%) preferred to book online. Fewer than half of the participants were satisfied with traditional in-person sessions, with others preferring videoconference (45%) or telephone appointments (13%).

As a practicum student, I found that most of my autistic clients made initial contact over email or booked their intake session online, consistent with the research by Paynter et al. (2022). I also found that most needed more than the standard 20 minutes for this introductory session, regardless of whether it was conducted over the telephone, videoconferencing, or in person. This may be consistent with a growing body of research suggesting that, relative to allistic people, autists have slower processing speeds and may need more time to respond in conversation (Poulsen et al., 2024; Zapparrata et al., 2023).

To fully understand the accessibility issues related to autistic burnout, we must also examine the legal frameworks that impact the well-being of autistic adults and inform clinical decisions.

Legal and Policy Alignment in Accessibility

When it comes to accessibility, several pieces of federal and provincial legislation are particularly relevant to autistic Albertans, namely the *Canada Health Act* (1985), *Canadian Human Rights Act* (1985), *Canadian Charter of Rights and Freedoms, Federal Framework on Autism Disorder Act, Alberta Human Rights Act,* and *Provincial Priorities Act.* The following section summarizes the legislation and its clinical implications.

Federal Legislation

The *Canada Health Act* (1985) mandates the provinces and territories to cover ‘medically required’ or ‘medically necessary’ services, which only include mental health support provided by physicians at hospitals (Kay, 2023; Canadian Mental Health Association [CMHA], 2024). This excludes public coverage of community-based counselling services essential for addressing autistic burnout and constitutes a structural barrier to treatment accessibility.

A newer piece of legislation could help overcome this barrier. *The Federal Framework on Autism Disorder Act* (2023) mandated the Minister of Health to develop a national plan for meeting the support needs of autistic children and adults, families, and caregivers. The resulting framework outlined five priority areas: timely screening, diagnoses and services; promoting economic inclusion; conducting data collection and research, bolstering public awareness; and creating evidence-based tools and resources (Government of Canada, 2024). In future, the framework could provide publicly funded supports that Alberta clinicians might direct their clients to.

Other federal acts relevant to the well-being of autistic adults include *the Canadian Charter of Rights and Freedoms* (1982) —which promises legal equality for those with disabilities, including autistic adults— and the *Canadian Human Rights Act* (1985), which mandates federal organizations to accommodate the support needs of disabled individuals, such as autistic adults (Department of Justice, 2024). A newer piece of legislation, the *Accessible Canada Act* (2023), goes a step further by mandating federal organizations to remove barriers to equal participation—whether architectural, technological, or otherwise (Jacobs et al., 2021). All this legislation indicates that autistic adults are legally entitled to accommodations, including those which would help them prevent or recover from mental health issues like autistic burnout.

Provincial Legislation

In Alberta, the *Provincial Priorities Act* (2024) may limit the implementation of federal accessibility initiatives, such as the Autism Framework and the *Accessible Canada Act* (2023). This legislation requires that all provincial organizations obtain approval from the Alberta Government before entering into intergovernmental agreements—including those involving federally funded initiatives. As a result, autistic Albertans may not have access to the same federal supports as autists in other provinces. Another notable provincial act, the *Alberta Human Rights Act* (2000), protects people with disabilities, including those with autism, against discrimination and mandates the duty to accommodate.

Practical Implications for Clinicians

With few publicly funded treatment options and long waitlists, autistic and allistic Canadians alike often pay out of pocket for timely therapy and assessment (CMHA, 2024). Although the Federal Framework on Autism Disorder promises to improve treatment accessibility for autistic adults, this remains to be seen (Government of Canada, 2024).

Additionally, provincial legislation suggests that Albertans may not necessarily have access to autism services funded by federal agencies.

Knowing this, registered and provisional psychologists may reduce barriers for clients by charging on a sliding scale, referring to low-cost counselling provided by non-profit agencies, or advocating for systemic reform. Doing so aligns with CPA's code of ethics, which articulates a clinician's responsibility to minimize harm, uphold the dignity and welfare of clients, and act in the best interests of society (CPA, 2017). But while clinician advocacy aligns with the code of ethics and is considered a professional competency by some, it is constrained by structural inequities embedded within public healthcare and other institutions (Singh et al., 2023). As such, practitioner-led advocacy occurs within the systems that are perpetuating ableism—as well as racism, transphobia, and homophobia—which suggests counsellors have limited power to bring about social change.

Alberta clinicians should also stay informed about the province's responses to federal initiatives and funding, and identify non-governmental resources available to their Alberta clients, such as workshops and support groups provided by non-profit organizations like the Autism Society of Alberta (ASA), or funding provided by programs like the Psychologists Association of Alberta (PAA) Psychological Services Fund, which covers a limited number of sessions for low-income clients (ASA, n.d; PAA, n.d).

Lastly, therapists should be aware that, as per human rights and accessibility legislation, they have an obligation to accommodate the needs of autistic clients at all stages of treatment, as well as the needs of any autistic employees (if they are also practice-owners). Additionally, the *Alberta Human Rights Act* (2000) outlines a formal complaint process, which may be important information to share with clients who have experienced discrimination related to being autistic.

Key Recommendations

Having explored the legislation and policy relevant to the treatment of autistic adults in Alberta, we will now distill the key insights from this chapter into practical strategies. This section consolidates the key clinical recommendations presented throughout this chapter, based on the findings from this study, and aligns with the SRMD paradigm. Please see Appendix D for a reference guide for aspiring practitioners.

Case Conceptualization and Assessment

During history-taking, gather information on a client's cultural identities to assess whether minority stress related to being BIPOC or LGBTQ2+ may be compounding their experience of autistic burnout. Identify opportunities for healing cultural engagement. Create a sensory profile using the AASP or SPM-2.

Treatment

Begin by using information about the client's sensory needs to address any adverse sensory stimuli in the therapeutic space, such as dimming lights or ensuring quiet. Therapists can help clients manage sensory input in daily life by 'auditing' sensory stimuli in the client's environments and brainstorming strategies to minimize exposure and improve coping. By encouraging stimming and unmasking, therapists simultaneously validate autistic identity and provide opportunities to practice coping skills

Therapist Education and Reflexivity

Therapists should engage in ongoing professional education on ASD and stay abreast of academic literature on autistic burnout and relevant legislative changes. Therapists should also engage in ongoing self-reflection to identify biases and protect the therapeutic alliance.

Accessibility and Advocacy

To reduce financial barriers, therapists may choose to offer sliding-scale fee arrangements, refer out to non-profit counselling services, or apply for PAA funding to cover session fees (PAA, n.d.). To reduce potential barriers related to autistic communication differences, therapists should offer clients technological options for booking appointments and conducting sessions.

Chapter Summary

This chapter explored the clinical implications of the key research insights identified in Chapter 3, using an SRMD framework. Through this lens, autistic burnout arises not from 'deficits' within an autistic individual, but from the mismatch between autistic needs and neurotypical expectations in society.

In discussing practical applications (case conceptualization, assessment, treatment, and therapeutic process), the chapter highlighted the importance of providing sensory-informed care, supporting a positive autistic identity, and cultivating strong therapeutic alliances. Relevant legislation and cultural considerations were also addressed. Lastly, the chapter examined barriers to accessibility, such as neurotypical communication norms, the shortage of autism-informed clinicians, and the financial insecurity of autistic adults. In an SRMD context, these barriers are design flaws in professional training, healthcare systems, and workplace accommodations that can be changed to include autistic adults.

In the concluding chapter, I will summarize the most important findings of this study and how they explain the role of sensory processing differences in autistic burnout and recovery. I will also make recommendations about future research and reflect upon the process of completing this capstone project.

Chapter 5 - Recommendations and Conclusion

This capstone project investigated the role of sensory processing differences in the development of and recovery from autistic burnout, drawing from a small but growing body of research. A thematic review of peer-reviewed studies organized research findings across five themes, including: the conceptualization of autistic burnout, sensory processing, identity and masking, experiences of recovery, and access to support.

The findings informed a critical discussion of clinical applications, accessibility considerations, and future directions for supporting autistic adults in therapeutic contexts. Grounded in SRMD, this capstone project emphasized the need to shift clinical attention away from individual deficits, as per the medical model of disability, toward the relational, cultural, and systemic factors that contribute to the development of autistic burnout. Collectively, the empirical evidence suggests that autistic burnout is not only an individual phenomenon but a response to environments that overlook autistic needs.

However, the research contains some apparent contradictions. While several of the studies position autistic burnout as a neurophysiological response to cumulative sensory stress (such as those by Higgins et al. [2021] and Mantzalas et al. [2022a]), others frame it as a sociocultural phenomenon driven by autistic stigma, chronic invalidation, and environmental misfit (such as the work of Raymaker et al. [2020] and Benatov et al. [2025]). Additionally, the research is divided on the role of social withdrawal, with researchers like Raymaker et al. (2020) and Arnold et al. (2023a) identifying it as a symptom of autistic burnout and others, like Clarey et al. (2025) and Ferguson et al. (2024), identifying it as an adaptive strategy for recovery. These contradictions in the literature highlight the need for additional research to clarify the relationships between factors and identify effective treatment options.

Key Findings

Autistic burnout is a multidimensional and socially embedded phenomenon experienced by many autistic individuals (Clarey et al., 2025; Raymaker et al., 2020). It typically manifests as profound exhaustion, functional regression, and heightened sensory sensitivities, with many individuals describing an acute loss of coping capacity during these episodes (Arnold et al., 2023; Higgins et al., 2021).

Although it has a complex etiology, autistic burnout appears to be strongly related to autistic efforts to navigate neurotypical spaces (Benatov et al., 2025; Cage et al., 2022; Schoondermark et al., 2023). Sensory processing differences, such as hypersensitivity to light and sound, can lead to sensory overwhelm, which predicts the development of autistic burnout (Higgins et al., 2021; Mantzalas et al., 2022a). This stress is compounded by masking, which impedes stimming—a natural autistic behaviour that functions as a means of emotional and sensory self-regulation.

Arguably, the literature establishes patterns of relationships (such as the connection between sensory distress, identity suppression, and chronic environmental mismatch) and provides conceptual clarity about autistic burnout as a previously unstudied psychological construct. Unfortunately, the research lacks methodological diversity and does not explain how or why autistic burnout occurs. Most studies are qualitative and/or cross-sectional, capturing participants' lived experiences at a single point in time. Most of these studies rely on self-report data collected from relatively homogeneous populations, raising questions about reliability and generalizability to other cultural groups (especially BIPOC communities). The body of research lacks longitudinal studies to understand how autistic burnout develops over time, and quantitative studies to identify causal pathways and mechanisms of action. Experimental studies are also needed to identify effective sensory-based interventions to reduce symptom severity and facilitate recovery.

Of course, future research will not benefit autistic adults if they cannot access mental health support. Both the findings of this study and broader research indicate that autistic adults struggle to find support for autistic burnout and other problems. Many autists report difficulty finding therapists who possess sufficient autism knowledge and face structural barriers to care, such as financial cost, long waitlists, and inaccessible intake processes (Clarey et al., 2025; Raymaker et al., 2020). These challenges highlight the pressing need for more autism-informed and neurodiversity-affirming clinicians, as well as greater public investment in mental health care for autistic adults.

Key Clinical Applications

Clinicians should adopt a neurodiversity-affirming framework that validates autistic identity and respects differences in communication, cognition, and sensory experiencing. Masking — the practice of suppressing autistic traits and behaviours to meet neurotypical social expectations — is a significant predictor of burnout (Benatov et al., 2025; Ferguson et al., 2024). Creating environments where clients can safely unmask is not only affirming of autistic identity but also supports autistic clients in using stimming, a natural coping strategy, to self-regulate in therapy (Cage et al., 2022; Schoondermark et al., 2023). However, practitioners must remember that the research on both unmasking and autistic burnout is nascent, and there are no dedicated studies exploring unmasking as a recovery strategy. Unmasking may also pose risks for clients who must mask for safety reasons, particularly if they cannot seamlessly toggle between masking and unmasking, as needed.

Sensory-informed assessment and treatment are also essential components of clinical care as sensory processing plays a central role in autistic burnout and recovery (Mantzalas et al., 2022a; Clarey et al., 2025). Using tools such as the AASP or SPM-2, clinicians can work with clients to identify their sensory processing differences and adapt both the clinical space and their environments outside of therapy to accommodate their sensory needs. Additionally, psychoeducation on sensory strategies may help clients regain a sense of control and reduce cumulative stress (Higgins et al., 2021; Mantzalas et al., 2022a).

Lastly, therapists can strengthen therapeutic alliances with autistic clients by using the strategies above and seeking education on adult autism. By becoming clinically and culturally competent, clinicians working with autistic adults may build trust and rapport as well as avoid causing harm by unintentionally reinforcing neurotypical social expectations. Obtaining education on autism also benefits the profession of psychology due to the paucity of autism-informed practitioners in North America.

Recommendations for Future Research

There is a strong need for further empirical research in this area, as the body of research is small in size and narrow in scope. As described in Chapter 3, the research contains a number of deficits, including: 1. The absence of research exploring sensory processing differences as a mechanism of autistic burnout; 2. Limited exploration of etiology, prognosis, and treatment; 3. The absence of research systematically investigating recovery strategies; 4. Poor methodological diversity; and 5. Poor cultural and demographic diversity. Exploring the following research questions would address some of these gaps and inform professional practice strategies (for instance, modifying therapy environments, client education, and sensory management).

Which Sensory Domains Are Most Predictive of Autistic Burnout?

As previously noted, the research has not directly examined the role of sensory processing in burnout progression and recovery, a significant deficit (Arnold et al., 2023; Clarey et al., 2025). In future, researchers might explore whether certain sensory domains are more predictive of autistic burnout than others. Auditory processing is of particular interest as autistic adults are prone to hyperacusis—increased sensitivity and/or decreased tolerance for sound—which can lead to heightened activation of the autonomic nervous system and sensory overload (Gonçalves & Monteiro, 2023; Poulsen et al., 2024). To study this, researchers might conduct quantitative studies comparing participants' sensory processing profiles against their autistic burnout scores, using the GSQ and the ASPIRE ABM (Gomez & Medallon, 2022).

How Do Daily Sensory Demands and Regulation Strategies Shape Recovery?

Research is also needed to explain the relationship between daily sensory demands and the development of autistic burnout, and the role of sensory regulation strategies (like stimming, or limiting sensory exposures) in recovery (Ferguson et al., 2024; Raymaker et al., 2020). Because most of the existing literature is cross-sectional, longitudinal studies of autistic adults would help to clarify this relationship and help clinicians better advise autistic clients on evidence-based lifestyle changes that promote recovery. To avoid the pitfalls of previous studies on autistic burnout, researchers should recruit clients from diverse cultural groups to ensure generalizable findings

Which Psychotherapeutic Interventions Are Most Effective in Treating Autistic Burnout?

Additionally, existing research does not examine specific psychotherapeutic interventions for the treatment of autistic burnout. As a result, clinicians have very little evidence to guide their treatment planning, making an EBPP approach difficult (Arnold et al., 2023; Schoondermark et al., 2023). Both clinicians and clients would benefit from studies exploring the effectiveness of specific modalities in treating autistic burnout. Researchers might consider assessing Acceptance and Commitment Therapy (ACT), which has been shown to decrease stress and improve quality of life in autistic individuals, as well as reduce psychological distress in allistic individuals with burnout syndrome (Pahnke et al., 2022; Reeve et al., 2018).

How Does Minority Stress Impact Autistic Burnout?

Lastly, intersectional research remains limited despite evidence in the broader literature suggesting that minority stress contributes to the mental health challenges of autistic adults (Botha & Frost, 2018). Within the autistic burnout literature, participants were primarily Caucasian and female-identified. Future work should expand participant populations to include BIPOC, LGBTQ+, and other underrepresented groups, as well as a more even distribution of gender identities, to more accurately characterize autistic burnout and produce broadly generalizable research. Given the potential vulnerability of autistic adults experiencing intersectional marginalization, researchers should do all they can to minimize the risk of harm to participants. This includes ensuring all researchers involved have adequate cultural competence and following up with research participants afterwards to ensure that they receive support in the event of distress.

Reflections on the Capstone Process

Initially, I expected to uncover a sizeable body of research on autistic burnout. As a practitioner-researcher, I had hoped to find more empirical evidence to guide my future treatment of autistic clients; this was, after all, my motivation for choosing this research topic. The small number of studies did not seem to align with how frequently the subject arose with my previous autistic clients, nor how popular the idea had become on social media. The latter is how I encountered books on the topic by well-known autism content creators, such as the *Autistic*

Burnout Workbook by Dr. Megan Anna Neff (a neurodivergent psychologist who runs the content-rich Neurodivergent Insights blog) and the *Ultimate Guide to Autistic Burnout* by Dr. Natalie Engelbrecht (the psychotherapist behind the Embrace Autism blog) and associates (Endelbrecht et al., 2024; Neff, 2025).

Although disappointed with the limited research on autistic burnout, I look forward to what this growing area of research will reveal. While conducting this research, I came across several unpublished theses and dissertations, suggesting that a new generation of academic researchers may soon contribute to the field. Topics included the lived experiences of Swedish adults with autistic burnout, Canadian autists' perspectives on autistic burnout treatment, and the 'double burnout' of American autistic educators simultaneously experiencing autistic burnout and occupational burnout (Lindgren, 2024; Mason, 2024; Newson, 2024). Interestingly, all were conducted by autistic scholars, reflecting the trend towards greater involvement of autists in scholarship (Jones, 2021).

And although the process of writing this capstone paper has been arduous, I have appreciated the opportunity to engage so deeply with the subject matter and hone my critical thinking skills. The capstone project has also affirmed my commitment to working with autistic adults and creating a neurodiversity-affirming practice that supports my clients in becoming healthier, more authentic versions of themselves. I look forward to returning to clinical practice and applying what I've learned.

Conclusion

In conclusion, this capstone project has demonstrated that sensory processing differences have an important role to play in the development of autistic burnout. Using an SRMD framework, the study positioned autistic burnout not as an individual deficit but as a response to social conditions and neurobiological differences associated with the autistic neurotype. Using a systematic literature review and Braun and Clarke–style thematic analysis, five central themes were identified: the emergence and conceptualization of autistic burnout; sensory processing differences; identity and masking; experiences of recovery; and accessibility of supports. Together, these themes frame autistic burnout as a multidimensional construct rooted in a chronic mismatch between autistic needs and neurotypical expectations, particularly in sensory and social domains. However, the analysis also reveals that the scholarship on autistic burnout is inadequate, and more research is needed, particularly in terms of sensory processing mechanisms that might underlie its onset, prognosis, and recovery.

Even so, the research findings offer valuable insights for clinical practice. Recognizing the sensory and social origins of autistic burnout may allow aspiring and experienced practitioners to treat autistic clients with greater empathy. Although the research did not identify any specific interventions, it could be extrapolated to suggest several treatment possibilities, including sensory management and identity-affirming practice. The findings of this study align with the neurodiversity movement, which conceptualizes autism as a neurotype, not a disorder, and easily fits into an SRMD framework, in which disability is largely constructed by social and relational systems that do not meet the needs of all citizens. In this sense, the study reminds clinicians of all levels of experience that the work of psychotherapy extends beyond the treatment room to advocacy work within the broader social systems that impact autistic clients.

This is an important message at a time when both autism and autism research are increasingly politicized in North America. In the US, the Federal government has spread misinformation around the causes of autism, initially pointing to vaccines—a claim long-debunked—and more recently, to Tylenol use in pregnancy, also unsubstantiated by research, in addition to cutting federal autism research (Respaut & Dowdell, 2025; Semuels, 2025; Westhoff et al., 2023). In Canada, the Federal government has not publicly maligned autism or autism research but rather has created an autism framework meant to bolster research and services across Canada (Government of Canada, 2024). But in Alberta, the provincial government's new *Provincial Priorities Act* (2024) could prevent autistic Albertans from accessing programming through the autism framework. Additionally, Canada is home to a growing anti-vaccination movement, and autism misinformation and stigma are rapidly spreading via social media (Caulfield et al., 2017; Ononuju & Ujari, 2025).

Fortunately, research offers a possible antidote if applied conscientiously. Aspiring and established clinicians alike should stay abreast of developments in autism research—including scholarship on autistic burnout—in the interests of practicing by the tenets of EBPP, countering misinformation within the profession, and advocating for more inclusive social systems. In this way, clinicians can improve the well-being of autistic people, regardless of political and social trends.

References

Academic autism spectrum partnership in research and education (AASPIRE), n.d. Landing page. https://aaspire.org/

Adams, R. E., Lampinen, L., Zheng, S., Sullivan, V., Taylor, J. L., & Bishop, S. L. (2023). Associations between social activities and depressive symptoms in adolescents and young adults with autism spectrum disorder: Testing the indirect effects of loneliness. *Autism*, *28*(2), 461-473. https://doi.org/10.1177/13623613231173859

Andoni, L., Eisenhower, A., Gudknecht, J., & Levitt, H. M. (2024). Meta-synthesis of autistic adults' first-person perspectives about mental health-related services. *Autism in Adulthood*. https://doi.org/10.1089/aut.2023.0167

Alaghband-Rad, J., Hajikarim-Hamedani, A., & Motamed, M. (2023). Camouflage and masking behavior in adult autism. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1108110

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR). https://doi.org/10.1176/appi.books.9780890425787

Alberta Human Rights Act, R.S.A. 2000, c. A-25.5. https://www.qp.alberta.ca/documents/Acts/A25P5.pdf

Anderson-Chavarria, M. (2021). The autism predicament: models of autism and their impact on autistic identity. *Disability & Society*, *37*(8), 1321–1341. https://doi.org/10.1080/09687599.2021.1877117

Arias, D., Saxena, S., & Verguet, S. (2022). Quantifying the global burden of mental disorders and their economic value. *EClinicalMedicine, 54*.

https://doi.org/10.1016/j.eclinm.2022.101675

Arnold, S. R., Higgins, J. M., Weise, J., Desai, A., Pellicano, E., & Trollor, J. N. (2023a). Confirming the nature of autistic burnout. *Autism*, *27*(7), 1906-1918. https://doi.org/10.1177/13623613221147410

Arnold, S. R., Higgins, J. M., Weise, J., Desai, A., Pellicano, E., & Trollor, J. N. (2023b). Towards the measurement of autistic burnout. *Autism, 27*(7), 1933-1948. https://doi.org/10.1177/13623613221147401

Autism Alberta. (n.d.). *Home*. https://autismalberta.ca/

Bailenson, J. N. (2021). Nonverbal overload: A theoretical argument for the causes of Zoom fatigue. *Technology, Mind, and Behavior, 2*(1). https://doi.org/10.1037/tmb0000030

Bearman, M., Westerveld, M., Brubacher, S. P., & Powell, M. (2021). The ability of adults with limited expressive language to engage in open-ended interviews about personal experiences. *Psychiatry, Psychology and Law*, *29*(2), 241–255. https://doi.org/10.1080/13218719.2021.1904453

Beck, G. J., O'Connor-Bones, U., Gracey, J., Kelly, G., & Walsh, G. (2021). In need of review: developing sensory provision in Northern Ireland's mainstream primary classrooms. *Journal of Research in Special Educational Needs, 21*(3), 268-279. https://doi.org/10.1111/1471-3802.12519

Benatov, J., Sarel-Mahlev, E., & Bar Yehuda, S. (2025). Camouflage, Burnout-Exhaustion and Depression in Autistic Adults. Autism in Adulthood. https://doi.org/10.1089/aut.2024.0147

Berrigan, P., Scott, C. W., & Zwicker, J. D. (2023). Employment, education, and income for Canadians with developmental disability: Analysis from the 2017 Canadian Survey on Disability. *Journal of Autism and Developmental Disorders*, *53*(2), 580-592. https://doi.org/10.1007/s10803-020-04603-3

Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quiñonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: a primer. *Frontiers in public health*, *6*, 149. https://doi.org/10.3389/fpubh.2018.00149

Botha, M., & Frost, D. M. (2018). Extending the Minority Stress Model to Understand Mental Health Problems Experienced by the Autistic Population. *Society and Mental Health*, *10*(1), 20-34. https://doi.org/10.1177/2156869318804297

Botha, M., & Cage, E. (2022). “Autism research is in crisis”: A mixed method study of researcher’s constructions of autistic people and autism research. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.1050897

Bouck, Z., Straus, S.E., & Tricco, A.C. (2022). Systematic versus rapid versus scoping reviews. In E. Evangelou & A.A. Veroniki (Eds), *Meta-research: Methods and protocols* (Vol.2345, pp. 103-119). Springer Protocols. https://doi.org/10.1007/978-1-0716-1566-9_6

Bonazzi, G., Peyroux, E., Jurek, L., Souiller, L., Zufferey, A., Giroudon, C., Nourredine, M., & Demily, C. (2025). Gender on the spectrum: Prevalence of gender diversity in Autism Spectrum Disorder—A systematic review and meta-analysis. *Autism in Adulthood*. https://doi.org/10.1089/aut.2024.0202

Braun, V., & Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2020). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, *18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Brewe, A. M., Mazefsky, C. A., & White, S. W. (2021). Therapeutic alliance formation for adolescents and young adults with autism: Relation to treatment outcomes and client characteristics. *Journal of Autism and Developmental Disorders*, *51*(5), 1446-1457. https://doi.org/10.1007/s10803-020-04623-z

Brown, T., Almiento, L., Yu, M. L., & Bhopti, A. (2023). The Sensory Processing Measure – Second Edition: A critical review and appraisal. *Occupational Therapyi in Health Care*, *38*(3), 842–875. https://doi.org/10.1080/07380577.2023.2280216

Brown, C., & Dunn, W. (2019). *Adolescent/Adult Sensory Profile technical report*. Pearson Education.

Bruno, G., Chan, T. A., Zwaigenbaum, L., Coombs, E., Indigenous Relations Circle, & Nicholas, D. (2024). Indigenous autism in Canada: A scoping review. *Journal of Autism and Developmental Disorders*, *54*(9), 3478-3491.https://doi.org/10.1007/s10803-023-06045-z

Bulluss, E. (2021). Therapist Cultural Humility is a crucial component of psychotherapy with autistic clients. *The Science of Psychotherapy*, 5(6), 46-50.

Cage, E., & McManemy, E. (2022). Burnt out and dropping out: A comparison of the experiences of autistic and non-autistic students during the COVID-19 pandemic. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.792945

Cai, R. Y., Hall, G., & Pellicano, E. (2023). Predicting the financial wellbeing of autistic adults: Part I. *Autism*, *28*(5), 1203-1215. https://doi.org/10.1177/13623613231196085

Cambridge Dictionary (n.d.) Allistic. https://dictionary.cambridge.org/dictionary/english/allistic

Camm-Crosbie, L., Bradley, L., Shaw, R., Baron-Cohen, S., & Cassidy, S. (2018). 'People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury and suicidality. *Autism*, *23*(6), 1431-1441. https://doi.org/10.1177/1362361318816053

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2022). *TriCouncil policy statement: Ethical conduct for research involving humans.* https://ethics.gc.ca/eng/documents/tcps2-2022-en.pdf

Canadian Psychological Association. (2021, November 5). *"Psychology works" resource:* Training to become a clinical neuropsychologist in Canada. https://cpa.ca/psychology-works-resource-training-to-become-a-clinical-neuropsychologist-in-canada/

Canadian Psychological Association (2017). *Canadian Code of Ethics for Psychologists* (4th ed.). https://cpa.ca/aboutcpa/committees/ethics/codeofethics/

Canada Health Act, R.S.C., 1985, c. C-6. (2023). *Government of Canada*. https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html

Canadian Human Rights Commission. (n.d.). About the accessible Canada act. https://www.chrc-ccdp.gc.ca/individuals/accessibility/about-accessible-canada-act

Canadian Mental Health Association. (2024, November). *Mental health and the Canada Health Act: Factsheet.* https://cmha.ca/wp-content/uploads/2024/11/SoMH-Canada-Health-Act-factsheet.pdf

Carpita, B., Nardi, B., Tognini, V., Poli, F., Amatori, G., Cremone, I. M., Pini, S., & Dell'Osso,

L. (2024). Autistic traits and somatic symptom disorders: What is the link?. *Brain Sciences*, *14*(3), 274. https://doi.org/10.3390/brainsci14030274

Cascio, M. A., Weiss, J. A., & Racine, E. (2020). Empowerment in decision-making for autistic people in research. Disability & Society, 36(1), 100–144. https://doi.org/10.1080/09687599.2020.1712189

Cascio, M. A., Weiss, J. A., & Racine, E. (2020). Person-oriented ethics for autism research: Creating best practices through engagement with autism and autistic communities. *Autism, 24*(7), 1676-1690. https://doi.org/10.1177/1362361320918763

Caulfield, T., Marcon, A. R., & Murdoch, B. (2017). Injecting doubt: Responding to the naturopathic anti-vaccination rhetoric. *Journal of Law and the Biosciences*, *4*(2), 229-249. https://doi.org/10.1093/jlb/lsx017

Chapman, R. (2021). Neurodiversity and the social ecology of mental functions. *Perspectives on Psychological Science,* 16(6), 1360-1372. https://doi.org/10.1177/1745691620959833

Charlton, R. A., Entecott, T., Belova, E., & Nwaordu, G. (2021). “It feels like holding back something you need to say”: Autistic and non-autistic adults accounts of sensory experiences and stimming. *Research in Autism Spectrum Disorders, 89.* https://doi.org/10.1016/j.rasd.2021.101864

Chen, Y., Jenkins, C. A., Charlton, R. A., Happé, F., Mandy, W., & Stewart, G. R. (2024). “Utterly overwhelming”—A mixed-methods exploration of sensory processing differences and mental health experiences in middle-aged and older autistic adults. *Autism in Adulthood*. https://doi.org/10.1089/aut.2024.0031

Chown, N., Beardon, L. (2021). Theoretical Models and Autism. In: Volkmar, F.R. (eds)

Encyclopedia of Autism Spectrum Disorders. Springer, Cham. https://doi.org/10.1007/978-3-319-91280-6_102171

Clarey, M. M., Abel, S., Ireland, M. J., & Brownlow, C. (2025). Autistic burnout on reddit: A Sisyphean struggle with daily tasks. *Journal of Autism and Developmental Disorders*, 1-13. https://doi.org/10.1007/s10803-025-06765-4

Clayton, S., Manning, C., Krygsman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. American Psychological Association and ecoAmerica. https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf

College of Alberta Psychologists. (2023b). *Practice guideline: Psychological assessment and testing.*https://www.cap.ab.ca/Portals/0/adam/Content/VJ7IO_ZKuUS GH2OqV0dg/Link/Practice%20Guideline-%20Psychological%20Assessment%20and%20Testing%20final.pdf

College of Alberta Psychologists. (2023a). *Standards of practice.* https://www.cap.ab.ca/Portals/0/adam/Content/PCibGBBnCE6ZY6pd7EKcqQ/Link/Standards%20of%20Practice%20(May%2031,%202023).pdf

Collins, E., Edjoc, R., Farrow, A., Dharma, C., Georgiades, S., Holmes, K., ... & Al-Jaishi, A. (2025). Prevalence of autism among adults in Canada: results from a simulation modelling study. *BMJ open*, *15*(6). https://doi.org/10.1136/bmjopen-2024-089414

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist, 74*(1), 1–5. https://doi.org/10.1037/amp0000442

Cook, J. M., Crane, L., & Mandy, W. (2023). Dropping the mask: It takes two. *Autism*, *28*(4), 831-842. https://doi.org/10.1177/13623613231183059.

Cooper, K., Smith, L. G., and Russell, A., (2017). Social identity, self-esteem, and mental health in autism. *European Journal of Social Psychology*, 47(7), pp. 844–854. https://doi.org/10.1002/ejsp.2297

Cooper, K., Russell, A. J., Lei, J., & Smith, L. G. (2022). The impact of a positive autism identity and autistic community solidarity on social anxiety and mental health in autistic young people. *Autism*, *27*(3), 848-857. https://doi.org/10.1177/13623613221118351

Corneille, O., & Gawronski, B. (2024). Self-reports are better measurement instruments than implicit measures. *Nature Reviews Psychology*, *3*(12), 835-846. http://dx.doi.org/10.1038/s44159-024-00376-z

Craddock, E. (2024). Being a woman is 100% significant to my experiences of attention deficit hyperactivity disorder and autism: Exploring the gendered implications of an adulthood combined autism and attention deficit hyperactivity disorder diagnosis. *Qualitative Health Research, 34*(14), 1442–1455. https://doi.org/10.1177/10497323241253412

Crompton, C. J., Hallett, S., Ropar, D., Flynn, E., & Fletcher-Watson, S. (2020). 'I never realized everybody felt as happy as I do when I am around autistic people': A thematic analysis of autistic adults' relationships with autistic and neurotypical friends and family. *Autism*, 24(6), 1438-1448. https://doi.org/10.1177/1362361320908976

Danés, M., Botella, J., & Belinchón, M. (2023). Validity of self-reports provided by people with autism spectrum disorder without intellectual disability: A meta-analysis. *Anales de Psicología/Annals of Psychology*, *39*(1), 88-99. https://doi.org/10.6018/analesps.509191

Davies, J., Cooper, K., Killick, E., Sam, E., Healy, M., Thompson, G., Mandy, W., Redmayne, B., & Crane, L. (2024). Autistic identity: A systematic review of quantitative research. *Autism Research*, *17*(5), 874-897. https://doi.org/10.1002/aur.3105

De Boeck, P., Pek, J., Walton, K., Wegener, D. T., Turner, B. M., Andersen, B. L., Beauchaine, T., Lecavalier, L., Myung, J., & Petty, R. E. (2023). Questioning Psychological Constructs: Current Issues and Proposed Changes. *Psychological Inquiry*, *34*(4), 239–257. https://doi.org/10.1080/1047840X.2023.2274429

de Leeuw, A., Happé, F., & Hoekstra, R. A. (2020). A conceptual framework for understanding the cultural and contextual factors on autism across the globe. *Autism Research*, *13*(7), 1029-1050. https://doi.org/10.1002/aur.2276

Dell'Osso, L., & Carpita, B. (2022). What misdiagnoses do women with autism spectrum disorder receive in the DSM-5? *CNS Spectrums, 28*(3), 1–2. https://doi.org/10.1017/s1092852922000037.

den Houting, J., Higgins, J., Isaacs, K., Mahony, J., & Pellicano, E. (2020). 'I'm not just a guinea pig': Academic and community perceptions of participatory autism research. *Autism*, *25*(1), 148-163. https://doi.org/10.1177/1362361320951696

Dietz, P. M., Rose, C. E., McArthur, D., & Maenner, M. (2020). National and state estimates of adults with autism spectrum disorder. *Journal of Autism Developmental Disorders, 50*, 4258–4266. https://doi.org/10.1007/s10803-020-04494-4

Di Marco, D., DClinPsy, P. W., & CPsychol, N. T. (2025). 'They say we're the rigid ones': A reflexive thematic analysis of autistic adults' experiences of psychological therapies. *Counselling and Psychotherapy Research*, *25*(1). https://doi.org/10.1002/capr.12902

D'Mello, A. M., Frosch, I. R., Li, C. E., Cardinaux, A. L., & Gabrieli, J. D. (2022). Exclusion of females in autism research: Empirical evidence for a "leaky" recruitment-to-research pipeline. *Autism Research*, *15*(10), 1929-1940. https://doi.org/10.1002/aur.2795

Doyle, N. (2024). Defining Neurodiversity and Identifying Neurominorities. In E. Patton & A.M.

Santuzzi (Eds.), *Neurodiversity and work* (pp. 13-38). Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-031-55072-0_2

Durben, D. L. (2024). Understanding autistic camouflaging: The use of online community discussions and stigmatized identity research. *Neurodiversity*, *2*. https://doi.org/10.1177/27546330241266726

Dwyer, P., Hersh, L. H., Kapp, S. K., Rivera, S. M., & Gillespie-Lynch, K. (2025). Neurodiversity movement identification and perceived appropriateness of terms used to describe autism. *Autism in Adulthood*. https://doi.org/10.1089/aut.2024.0297

Eltahir, E., Delfabbro, P. H., & King, D. L. (2025). Autism in relation to gaming disorder and internet addiction: A systematic review. *Computers in Human Behavior, 162*. https://doi.org/10.1016/j.chb.2024.108443

Engelbrecht, N., Bercovici, D., Silvertant, E., & Jones, K. (2024). *The Ultimate Guide to Autistic Burnout* [E-book]. Embrace Autism.

Federal Framework on Autism Spectrum Disorder Act, S.C. 2023, c. 2. (2023). Government of Canada. https://laws-lois.justice.gc.ca/eng/acts/F-9.6/

Ferguson, A., Martin, D., & Pearson, A. (2024). “It has shown me how much I am capable of”: An Exploration of Autistic Burnout Experiences in Motherhood. *Autism in Adulthood.* https://doi.org/10.1089/aut.2024.0282

Ferguson, C. J., Preece, D. A., & Schweitzer, R. D. (2023). Alexithymia in autism spectrum disorder. *Australian Psychologist*, *58*(2), 131–137. https://doi.org/10.1080/00050067.2023.2174409

Flake, J. K., Davidson, I. J., Wong, O., & Pek, J. (2022). Construct validity and the validity of replication studies: A systematic review. *American Psychologist, 77*(4), 576–588. https://doi.org/10.1037/amp0001006

Flake, J. K., & Fried, E. I. (2020). Measurement schmeasurement: Questionable measurement practices and how to avoid them. *Advances in Methods and Practices in Psychological Science, 3*(4), 456–465. https://doi.org/10.1177/2515245920952392

Flemming, K., Booth, A., Garside, R., Tunçalp,O., & Noyes, J. (2019). Qualitative evidence synthesis for complex interventions and guideline development: Clarification of the purpose, designs and relevant methods. *BMJ Global Health, 4*. https://doi.org/10.1136/bmjgh-2018-000882

Forde, J., Bonilla, P. M., Mannion, A., Coyne, R., Haverty, R., & Leader, G. (2022). Health status of adults with autism spectrum disorder. *Review Journal of Autism and Developmental Disorders, 9*(4), 427–437. https://doi.org/10.1007/s40489-021-00267-6

Framework for Autism in Canada. Government of Canada. (2024, Sept 26). https://www.canada.ca/en/public-health/services/publications/diseases-conditions/framework-autism-canada.html

Galiana-Simal, A., Vela-Romero, M., Romero-Vela, V. M., Oliver-Tercero, N., García-Olmo, V., Benito-Castellanos, P. J., Muñoz-Martinez, V., & Beato-Fernandez, L. (2020). Sensory processing disorder: Key points of a frequent alteration in neurodevelopmental disorders. *Cogent Medicine, 7*(1). https://doi.org/10.1080/2331205X.2020.1736829

Gajaria, A., Guzder, J., & Rasasingham, R. (2021). What's race got to do with it? A proposed framework to address racism's impacts on child and adolescent mental health in Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *30*(2), 131.

Girolamo, T., Parker, T. C., & Eigsti, I. M. (2022). Incorporating dis/ability studies and critical race theory to combat systematic exclusion of Black, Indigenous, and People of Color in clinical neuroscience. *Frontiers in Neuroscience, 16*. https://doi.org/10.3389/fnins.2022.988092

Golonka, K., & Gulla, B. (2021). Individual differences and susceptibility to burnout syndrome: Sensory processing sensitivity and its relation to exhaustion and disengagement. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.751350

Gomez, I. N., & Medallon, K. G. (2022). Assessing sensory processing in adults. *Current Developmental Disorders Reports, 9(*3), 63-67. https://doi.org/10.1007/s40474-022-00249-1

Goncalves, A. M., & Monteiro, P. (2023). Autism Spectrum Disorder and auditory sensory alterations: A systematic review on the integrity of cognitive and neuronal functions related to auditory processing. *Journal of Neural Transmission*, *130*(3), 325-408. https://doi.org/10.1007/s00702-023-02595-9

Goodman-Scott, E., Burgess, M., & Polychronopoulos, G. (2020). Counseling adults with sensory processing disorder: An exploratory study. *Journal of Mental Health Counseling*, *42*(3), 234-250. /https://doi.org/10.17744/mehc.42.3.04

Goretzko, D., Pham, T. T. H., & Bühner, M. (2021). Exploratory factor analysis: Current use, methodological developments and recommendations for good practice. Current psychology, 40(7), 3510-3521. https://doi.org/10.1007/s12144-019-00300-2

Government of Alberta. (n.d.). *Duty to accommodate*. Alberta Human Rights Commission. https://albertahumanrights.ab.ca/what-are-human-rights/about-human-rights/duty-to-accommodate/

Government of Canada. (2022, May 24). *Summary of the Accessible Canada Act.*

https://www.canada.ca/en/employment-social-development/programs/accessible-canada/act-summary.html

Government of Canada. (2024, September 26). *Framework for Autism in Canada*. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/framework-autism-canada.html

Government of Canada. (2024). *Canada's Autism Strategy*. Government of Canada Publications. https://www.canada.ca/en/public-health/services/diseases/autism-spectrum-disorder-asd/cAnadas-autism-strategy.html

Goycolea Martinic, R. F., Sepúlveda Angulo, C. B., Silva Henríquez, C. F., & Romero-Ayuso, D. M. (2024). Sensory profile applications in adolescents and adults in the health care: A narrative review of the literature. *Cadernos Brasileiros de Terapia Ocupacional, 32*. https://doi.org/10.1590/2526-8910.ctoAR270635302

Grinapol, S., Gelkopf, M., Pagorek-Eshel, S., & Greene, T. (2022). The role of sensory processing sensitivity in the early traumatic stress reaction: Predicting posttraumatic stress symptoms following motor vehicle accidents. *Personality and Individual Differences*, *185*. https://doi.org/10.1016/j.paid.2021.111278

Grosvenor, L. P., Croen, L. A., Lynch, F. L., Marafino, B. J., Maye, M., Penfold, R. B., ... & Ames, J. L. (2024). Autism diagnosis among US children and adults, 2011-2022. *JAMA Network Open*, *7*(10). https://doi.org/10.1001/jamanetworkopen.2024.42218

Hamidi, A., Persaud, N. A., Ganti, L., & Keeler, L. (2024). Leo Kanner: The Physician and Pioneer of Autism. *Cureus*, *16*(11). https://doi.org/10.7759/cureus.73859

Harris, J. (2018). Leo Kanner and autism: A 75-year perspective. *International Review of Psychiatry*, *30*(1), 3–17. https://doi.org/10.1080/09540261.2018.1455646

Hazari, A. (2023). Data Analysis: Descriptive and Analytical Statistics. In *Research Methodology for Allied Health Professionals* (pp. 79-98). Springer, Singapore. https://doi.org/10.1007/978-981-99-8925-6_10

Hedley, D., Uljarević, M., Foley, K. R., Richdale, A., & Trollor, J. (2018). Risk and protectiv factors underlying depression and suicidal ideation in autism spectrum disorder. *Depression and Anxiety, 35*, 648–657. https://doi.org/10.1002/da.22759

Higgins, J. M., Arnold, S. R., Weise, J., Pellicano, E., & Trollor, J. N. (2021). Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating #AutisticBurnout. *Autism, 25*(8), 2356-2369. https://doi.org/10.1177/13623613211019858

Hollocks, M. J., Lerh, J. W., Magiati, I., Meiser-Stedman, R., & Brugha, T. S. (2019). Anxiety and depression in adults with autism spectrum disorder: A systematic review and meta-analysis. *Psychological Medicine, 49*(4), 559–572. https://doi.org/10.1017/S0033291718002283

Holmes, J., & Storr, A. (2023). *The Art of Psychotherapy* (4th ed.). Routledge. https://doi.org/10.4324/9781003427889

Hong, Q. N., Pluye, P., Bujold, M., & Wassef, M. (2017). Convergent and sequential synthesis designs: Implications for conducting and reporting systematic reviews of qualitative and quantitative evidence. *Systematic reviews, 6*(1), 61. https://doi.org/10.1186/s13643-017-0454-2

Hotez, E., & Shea, L. (2023). Prioritizing social determinants of health in public health surveillance for autism. *Pediatrics*, *151*(2). https://doi.org/10.1542/peds.2022-059541

Howard, K. J. (2018). Emergence of a new method: The Grounded Delphi method. *Library and*

Information Research, *42*(126), 5-31. https://doi.org/10.29173/lirg746

Huang, Y., Arnold, S. R., Foley, K. R., & Trollor, J. N. (2024). Experiences of support following autism diagnosis in adulthood. *Journal of Autism and Developmental Disorders*, *54*(2), 518-531. https://doi.org/10.1007/s10803-022-05811-9

Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. (2017). "Putting on my best normal": Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders, 47*, 2519-2534. https://doi.org/10.1007/s10803-017-3166-5

Hume, R. (2022). Show me the real you: Enhanced expression of Rogerian conditions in therapeutic relationship building with autistic adults. *Autism in Adulthood*, *4*(2), 151-163. https://doi.org/10.1089/aut.2021.0065

Hwang, Y. I. (Jane), Arnold, S., Srasuebkul, P., & Trollor, J. (2020). Understanding anxiety in adults on the autism spectrum: An investigation of its relationship with intolerance of uncertainty, sensory sensitivities and repetitive behaviours. *Autism, 24*(2), 411–422. https://doi.org/10.1177/1362361319868907

Ide, Y., & Beddoe, L. (2023). Challenging perspectives: Reflexivity as a critical approach to qualitative social work research. *Qualitative Social Work*, *23*(4), 725-740. https://doi.org/10.1177/14733250231173522

Jacobs, L. A., et al. (2021). *The annotated Accessible Canada Act*. University of Windsor, Faculty of Law. CanLII. https://canlii.ca/t/t58r

Jha, A. (2023). Social research methodology: Qualitative and quantitative designs (1st ed.). Routledge India. https://doi.org/10.4324/9781032624860

Jones, S. C. (2021). Let's talk about autistic autism researchers. *Autism in Adulthood*, *3*(3), 206-208. https://doi.org/10.1089/aut.2021.29012.scj

Jubenville-Wood, T., Nicholas, D. B., Weiss, J., & Cairns, S. (2023). Facilitators and barriers in psychotherapy from the perspective of autistic adults: an enhanced critical incident study. *International Journal of Qualitative Studies on Health and Well-Being 18*(1). https://doi.org/10.1080/17482631.2023.2278858

Justice Canada. (2023). *Federal Framework on Autism Spectrum Disorder Act*, S.C. 2023, c. 2. https://laws-lois.justice.gc.ca/eng/acts/F-7.6/

Kamp-Becker, I. (2024). Autism spectrum disorder in ICD-11—a critical reflection of its possible impact on clinical practice and research. *Molecular Psychiatry*, *29*(3), 633-638. https://doi.org/10.1038/s41380-023-02354-y

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child, 2,* 217–250.

Kapp, S. K., Steward, R., Crane, L., Elliott, D., Elphick, C., Pellicano, E., & Russell, G. (2019). 'People should be allowed to do what they like': Autistic adults' views and experiences of stimming. *Autism, 23(7), 1782-1792. https://doi.org/10.1177/1362361319829628*

Kartoz, C., Wells, M., & Muñoz, S. (2022). Adults and Seniors with Autism Spectrum Disorder: Implications for Person Centered Care. *Online Journal of Issues in Nursing*, *27*. https://doi.org/10.3912/OJIN.Vol27No03Man01

Kay, S. (2023, May 23). Canada's mental healthcare system at a crossroads. *McGill Journal of Law and Health*. https://mjlh.mcgill.ca/2023/05/23/canadas-mental-healthcare-system-at-a-crossroads/

Keating, C. T., Hickman, L., Geelhand, P., Takahashi, T., Leung, J., Monk, R., Schuster, B., Rybicki, A., Papastamou, F., Belenger, M., Eigsti, I.M., Osu, R., Okamato, Y., & Sowden-Carvalho, S.(2024). Cross-cultural variation in experiences of acceptance, camouflaging and mental health difficulties in autism: A registered report. *PLOS ONE*, *19*(3). https://doi.org/10.1371/journal.pone.0299824

Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism*, *20*(4), 442–462. https://doi.org/10.1177/1362361315588200

Kentrou, V., Livingston, L. A., Grove, R., Hoekstra, R. A., & Begeer, S. (2024). Perceived misdiagnosis of psychiatric conditions in autistic adults. *EClinicalMedicine, 71*. https://doi.org/10.1016/j.eclinm.2024.102586

Kidwell, K. E., Clancy, R. L., & Fisher, G. G. (2023). The devil you know versus the devil you don't: Disclosure versus masking in the workplace. *Industrial and Organizational Psychology*, *16*(1), 55-60. https://doi.org/10.1017/iop.2022.101

Kiep, M., Spek, A., Ceulemans, E., & Noens, I. (2023). Sensory processing and executive functioning in autistic adults. *Journal of Autism and Developmental Disorders,* 1-10. https://doi.org/10.1007/s10803-023-06008-4

Kirby, A. V., Morgan, L., & Hilton, C. (2023). Autism and mental health: the role of occupational therapy. *The American Journal of Occupational Therapy*, *77*(2). https://doi.org/10.5014/ajot.2023.050303

Klein, M., Witthöft, M., & Jungmann, S. M. (2025). Interoception in Individuals with Autism Spectrum Disorders: A Systematic Literature Review and Meta-Analysis. *Frontiers in Psychiatry, 16*. https://doi.org/10.3389/fpsyt.2025.1573263

Kuiper, M. W., Verhoeven, E. W., & Geurts, H. M. (2018). The Dutch Glasgow Sensory Questionnaire: Psychometric properties of an autism-specific sensory sensitivity measure. *Autism*, *23*(4), 922-932. https://doi.org/10.1177/1362361318788065

Lai, M. C. (2023). Mental health challenges faced by autistic people. *Nature Human Behaviour*, *7*(10), 1620-1637. https://doi.org/10.1038/s41562-023-01718-2

Lamash, L., Sagie, D., Selanikyo, E., Meyer, S., & Gal, E. (2024). Autism identity in young adults and the relationships with participation, quality of life, and well-being. *Research in Autism Spectrum Disorders*, *111*. https://doi.org/10.1016/j.rasd.2023.102311

Lambert, L. S., & Newman, D. A. (2023). Construct development and validation in three practical steps: Recommendations for reviewers, editors, and authors. *Organizational Research Methods*, *26*(4), 574-607. https://doi.org/10.1177/10944281221115374

Lei, J., Leigh, E., Charman, T., Russell, A., & Hollocks, M. J. (2024). Understanding the relationship between social camouflaging in autism and safety behaviours in social anxiety in autistic and non-autistic adolescents. *Journal of Child Psychology and Psychiatry*, *65*(3), 285-297. https://doi.org/10.1111/jcpp.13884

Lindgren, J. (2024). "I needed to shut myself away, but I really didn't understand why": Recovering from autistic burnout (Masters thesis, Marie Cederschiöld University).

Lipinski, S., Blanke, E. S., Suenkel, U., & Dziobek, I. (2019). Outpatient psychotherapy for adults with high-functioning autism spectrum condition: Utilization, treatment satisfaction, and preferred modifications. *Journal of Autism & Developmental Disorders, 49*(3), 1154–1168. https://doi.org/10.1007/s10803-018-3797-1.

Lipinski, S., Boegl, K., Blanke, E. S., Suenkel, U., & Dziobek, I. (2021). A blind spot in mental healthcare? Psychotherapists lack education and expertise for the support of adults on the autism spectrum. *Autism*, *26*(6), 1509-1521. https://doi.org/10.1177/13623613211057973

Livingston, L. A., Shah, P., & Happé, F. (2019). Compensatory strategies below the behavioural surface in autism: A qualitative study. *The Lancet Psychiatry*, *6*(9), 766-777.

https://doi.org/10.1016/S2215-0366(19)30224-X

Lizarondo, L., Stern, C., Carrier, J., Godfrey, C., Rieger, K., Salmond, S., Apostolo, J., Kirkpatrick, P., & Loveday, H. (2020). Chapter 8: Mixed methods systematic reviews. In E. Aromataris & Z. Munn (Eds.), *JBI Manual for Evidence Synthesis.* https://synthesismanual.jbi.global

Luscombe, A., Dick, K., & Walby, K. (2022). Algorithmic thinking in the public interest: Navigating technical, legal, and ethical hurdles to web scraping in the social sciences. *Quality & Quantity, 56*(3), 1023–1044. https://doi.org/10.1007/s11135-021-01164-0

MacCarthaigh, S. (2019). Beyond biomedicine: challenging conventional conceptualisations of autism spectrum conditions. *Disability & Society*, *35*(1), 52–66. https://doi.org/10.1080/09687599.2019.1605884

Maitland, C. A., Rhodes, S., O'Hare, A., & Stewart, M. E. (2021). Social identities and mental well-being in autistic adults. *Autism*, *25*(6), 1771-1783. https://doi.org/10.1177/13623613211004328

Malone, K. M., Pearson, J. N., Palazzo, K. N., Manns, L. D., Rivera, A. Q., & Mason Martin, D. L. (2022). The scholarly neglect of black autistic adults in autism research. *Autism in Adulthood*, *4*(4), 271-280. https://doi.org/10.1089/aut.2021.0086

Mantzalas, J., Richdale, A. L., & Dissanayake, C. (2022a). A conceptual model of risk and protective factors for autistic burnout. *Autism Research*, *15*(6), 976-987. https://doi.org/10.1002/aur.2722

Mantzalas, J., Richdale, A. L., Adikari, A., Lowe, J., & Dissanayake, C. (2022b). What is autistic burnout? A thematic analysis of posts on two online platforms. *Autism in Adulthood, 4(*1), 52-65. https://doi.org/10.1089/aut.2021.0021

Mantzalas, J., Richdale, A. L., Li, X., & Dissanayake, C. (2024). Measuring and validating autistic burnout. *Autism Research, 17*(7), 1417-1449. https://doi.org/10.1002/aur.3129

Martinez, M. F., O'Shea, K. J., Kern, M. C., Chin, K. L., Dinh, J. V., Bartsch, S.M., Weatherwax, C., Velmurugan, K., Heneghan, J., Moran, T., Scannell, S., John, D., Shah, T., Petruccelli, S., &, White, C., Dibbs, A., & Lee, B. Y. (2025). The health and economic burden of employee burnout to US employers. *American Journal of Preventive Medicine, 68*(4), 645-655. https://doi.org/10.1016/j.amepre.2025.01.011

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behaviour*, *2*(2), 99-113. https://doi.org/10.1002/job.4030020205

Mason, H. (2024). Autistic burnout: Exploring autistic perspectives on treatment availability and effectiveness (Doctoral dissertation, Douglas College).

Mason, D., Stewart, G. R., Capp, S. J., & Happé, F. (2022). Older age autism research: A rapidly growing field, but still a long way to go. *Autism in Adulthood, 4*(2), 164-172. https://doi.org/10.1089/aut.2021.0041

Massonnie, J., & Mavridou, T. (2024, January). Co-creating a sensory audit tool with primary schools to review and tailor the physical environment to children’s sensory needs: reflections on the co-production process. In *7th European Congress of Qualitative Inquiry: Participation, Collaboration and Co-Creation: Qualitative Inquiry and Beyond Divides* (pp. 250-256). European Network for Qualitative Inquiry.

Mazurek, M. O., Pappagianopoulos, J., Brunt, S., Sadikova, E., Nevill, R., Menezes, M., & Harkins, C. (2023). A mixed methods study of autistic adults' mental health therapy experiences. *Clinical Psychology & Psychotherapy, 30(*4), 767-779. https://doi.org/10.1002/cpp.2835

Mazurek, M. O., Sadikova, E., Cheak-Zamora, N., Hardin, A., Sohl, K., & Malow, B. A. (2023). Health care needs, experiences, and perspectives of autistic adults. *Autism in adulthood*, *5*(1), 51-62. https://doi.org/10.1089/aut.2021.0069

McQuaid, G. A., Gendy, J., Lee, N. R., & Wallace, G. L. (2023). Sexual minority identities in autistic adults: Diversity and associations with mental health symptoms and subjective quality of life. *Autism in Adulthood, 5(*2), 139-153.https://doi.org/10.1089/aut.2021.0088

Melchert, T. P., Halfond, R. W., Hamdi, N. R., Bufka, L. F., Hollon, S. D., & Cuttler, M. J. (2024). Evidence-based practice in psychology: Context, guidelines, and action. *American Psychologist, 79*(6), 824–837. https://doi.org/10.1037/amp0001253

Miller, D., Rees, J., & Pearson, A. (2021). “Masking is life”: Experiences of masking in autistic and nonautistic adults. *Autism in Adulthood, 3*(4), 330–338. https://doi.org/10.1089/aut.2020.0083

Mohamed Shaffril, H. A., Samsuddin, S. F., & Abu Samah, A. (2021). The ABC of systematic literature review: the basic methodological guidance for beginners. *Quality & quantity*, *55*, 1319-1346. https://doi.org/10.1007/s11135-020-01059-6

Morris, I. F., Sykes, J. R., Paulus, E. R., Dameh, A., Razzaque, A., Esch, L. V., Gruenig, J., & Mosca, E. I., & Capolongo, S. (2023). Design for all AUDIT (Assessment Universal Design & Inclusion Tool). A tool to evaluate physical, sensory-cognitive and social quality in healthcare facilities. *Acta Biomed, 94*(13). https://doi.org/10.23750/abm.v94is3.14288

Mota, F. B., Braga, L. A. M., & Cabral, B. P. (2024). Exploring the landscape of adult autism research in psychology: A bibliometric and network analysis. *Frontiers in Psychology, 15*. https://doi.org/10.3389/fpsyg.2024.1427090

Neff, M. A. (2025). The autistic burnout workbook: Your guide to your personal recovery plan. Adams Media

Newson, A. (2024). Double Burnout: Exploring the Experiences of Autistic and Educator Burnout Among Autistic Educators in the United States (Doctoral dissertation, University of Oregon).

Nicolaidis, C., Raymaker, D., Kapp, S. K., Baggs, A., Ashkenazy, E., McDonald, K., Weiner, M., Maslak, J., Hunter, M. & Joyce, A. (2019). The AASPIRE practice-based guidelines for the inclusion of autistic adults in research as co-researchers and study participants. *Autism, 23*(8), 2007–2019. https://doi.org/10.1177/1362361319830523

Normansell-Mossa, K. M., Top, D.N., Russell, N., Freeston, M., Rodgers, J., & South, M. (2021). Sensory sensitivity and intolerance of uncertainty influence anxiety in autistic adults. *Frontiers in Psychology, 12*. https://doi.org/10.3389/fpsyg.2021.731753

Norris, J. E., Harvey, R., & Hull, L. (2024). Post-diagnostic support for adults diagnosed with autism in adulthood in the UK: A systematic review with narrative synthesis. *Autism, 29*(2), 284-309. https://doi.org/10.1177/13623613241273073

Norris, J. E., & Maras, K. (2021). Supporting autistic adults' episodic memory recall in interviews: The role of executive functions, theory of mind, and language abilities. *Autism*, *26*(2), 513-524. https://doi.org/10.1177/13623613211030772

O'Brien, C., Jellett, R., & Flower, R. L. (2024). "Basically, it's that she accepts me as I am": Autistic adults' positive experiences with psychologists in Australia. *Autism in* Adulthood. https://doi.org/10.1089/aut.2023.0135

Olson, J. A., & Raz, A. (2021). Applying insights from magic to improve deception in research: The Swiss cheese model. *Journal of Experimental Social Psychology, 92,* Article 104053.

https://doi.org/10.1016/j.jesp.2020.104053

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, *45*(3), 241–251. https://doi.org/10.1080/0142159X.2022.2057287

Omodan, B. I. (2024). Research paradigms and their methodological alignment in social sciences: A practical guide for researchers. Taylor & Francis.

Ononuju, U. A., & Ujari, C. A. (2025). Stigma and misinformation about autism spectrum disorder (ASD) on TikTok and Instagram: Content analysis using #ASD, #autism and #ASDinfo. *Journal of Autism and Developmental Disorders.* Advance online publication. https://doi.org/10.1007/s10803-025-07057-7

Pahnke, J., Jansson-Fröjmark, M., Andersson, G., Bjureberg, J., Jokinen, J., Bohman, B., & Lundgren, T. (2022). Acceptance and commitment therapy for autistic adults: A randomized controlled pilot study in a psychiatric outpatient setting. *Autism*, *27*(5), 1461-1476. https://doi.org/10.1177/13623613221140749

Parham, L. D., Ecker, C. L., Kuhaneck, H., Henry, D. A., & Glennon, T. J. (2021). *Sensory processing measure, second edition (SPM-2)*. Western Psychological Services.

Parmenter, J. G., & Barrita, A. (2024). A preliminary model of intersectional minority stress among sexual and gender diverse Black, Indigenous, and People of Color. *Psychology of Sexual Orientation and Gender Diversity.* Advance online publication. https://doi.org/10.1037/sgd0000748

Patil, O. & Kaple, M. N. (2023). Sensory processing differences in individuals with autism spectrum disorder: A narrative review of underlying mechanisms and sensory-based interventions. *Cureus*, *15*(10). https://doi.org/10.7759/cureus.48020

Paynter, J., Sulek, R., Westerveld, M. (2022). The importance of evidence based practices and autism. In J.L. Matson, J.L. & P. Sturmey (Eds.), *Handbook of autism and pervasive developmental disorders.* Springer, Cham. https://doi.org/10.1007/978-3-030-88538-0_25

Paynter, J., Sommer, K., & Cook, A. (2025). How can we make therapy better for autistic adults? Autistic adults' ratings of helpfulness of adaptations to therapy. *Autism*, *29*(6), 1540-1553. https://doi.org/10.1177/13623613251313569

Pearson Clinical Assessment. (n.d.). *Adolescent/Adult Sensory Profile.* Pearson Canada. https://www.pearsonclinical.ca/en-ca/adult-sensory-profile/Adolescent-Adult-Sensory-profile/p/P100008100

Pellicano, E., & den Houting, J. (2022). Annual research review: Shifting from 'normal science' to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*, *63*(4), 381-396. https://doi.org/10.1111/jcpp.13534

Pellicano, E., Lawson, W., Hall, G., Mahony, J., Lilley, R., Heyworth, M., Clapham, H., & Yudell, M. (2022). "I knew she'd get it, and get me": Participants' perspectives of a participatory autism research project. *Autism in Adulthood, 4*(2), 120-129. https://doi.org/10.1089/aut.2021.0039

Phung, J., Penner, M., Pirlot, C., & Welch, C. (2021). What I wish you knew: Insights on burnout, inertia, meltdown, and shutdown from autistic youth. *Frontiers in Psychology, 12*. https://doi.org/10.3389/fpsyg.2021.741421

Poulsen, R., Williams, Z., Dwyer, P., Pellicano, E., Sowman, P. F., & McAlpine, D. (2024). How auditory processing influences the autistic profile: A review. *Autism Research*, *17*(12), 2452-2470. https://doi.org/10.1002/aur.3259

Psychologists’ Association of Alberta. (n.d.). *Psychological Services Fund*. https://psychologistsassociation.ab.ca/resources/psychological-services-fund/

Public Health Agency of Canada. (2019). *Autism spectrum disorder: Highlights from the Canadian survey on disability.* Government of Canada. https://www.canada.ca/en/publichealth/services/publications/diseasesconditions/infographic-autism-spectrum-disorderhighlights-canadian-survey-disability.html

Public Health Agency of Canada (2022). *Autism spectrum disorder: Highlights from the 2019 Canadian health survey on children and youth*. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/autism-spectrum-disorder-canadian-health-survey-children-youth-2019/autism-spectrum-disorder-canadian-health-survey-children-youth-2019.pdf

Raymaker, D. M., Teo, A. R., Steckler, N. A., Lentz, B., Scharer, M., Delos Santos, A., ... & Nicolaidis, C. (2020). “Having all of your internal resources exhausted beyond measure and being left with no clean-up crew”: Defining autistic burnout. *Autism in Adulthood*, *2*(2), 132-143. https://doi.org/10.1089/aut.2019.0079

Reeve A, Tickle A, Moghaddam N (2018) Are acceptance and commitment therapy-based interventions effective for reducing burnout in direct-care staff? A systematic review and meta-analysis. *Mental Health Review Journal, 23*, 131–155. https://doi.org/10.1108/MHRJ-11-2017-0052

Reindal, S. M. (2008). A social relational model of disability: A theoretical framework for special needs education? *European Journal of Special Needs Education, 23*(2), 135–146. https://doi.org/10.1080/08856250801947812

Respaut, R., & Dowdell, J. (2025, May 16). *Exclusive: Trump administration defunds autism* *research in DEI and "gender ideology" purge.* Reuters. https://www.reuters.com/business/_healthcare_pharmaceuticals/trump-administration-cut-autism-related-research-by-26-so-far-2025-2025-05-16

Robertson, C. E., & Baron-Cohen, S. (2017). Sensory perception in autism. *Nature Reviews Neuroscience*, *18*(11), 671-684. http://dx.doi.org/10.1038/nrn.2017.112

Robertson, A. E., & Simmons, D. R. (2013). The sensory experiences of adults with Autism Spectrum Disorder: A qualitative analysis. *Cognitive Neuropsychiatry, 18*(2), 123–147. https://doi.org/10.1068/p7833?urlappend=%3Futm_source%3Dresearchgate

Robertson, A.E. & Simmons, D.R. (2019). Glasgow Sensory Questionnaire (GSQ). In F. Volkmar (Ed), Encyclopedia of autism spectrum disorders (pp. 1-3). Springer. https://doi.org/10.1007/978-1-4614-6435-8_102303-1

Rong, Y., Yang, C. J., Jin, Y., & Wang, Y. (2021). Prevalence of attention-deficit hyperactivity disorder in individuals with autism spectrum disorder: A meta-analysis. *Research in Autism Spectrum Disorders*, *83*, 101759. https://doi.org/10.1016/j.rasd.2021.101759

Rosen, N. E., Lord, C., & Volkmar, F. R. (2021). The diagnosis of autism: From Kanner to DSM-III to DSM-5 and beyond. *Journal of Autism and Developmental Disorders*, *51*, 4253-4270. https://doi.org/10.1007/s10803-021-04904-1

Sale, J. E., & Carlin, L. (2025). The reliance on conceptual frameworks in qualitative research – A way forward. *BMC Medical Research Methodology, 25 (*36).
https://doi.org/10.1186/s12874-025-02461-0

Sapey-Triomphe, L. A., Moulin, A., Sonié, S., & Schmitz, C. (2018). The Glasgow Sensory Questionnaire: Validation of a French language version and refinement of sensory profiles of people with high autism-spectrum quotient. *Journal of Autism and*

Developmental Disorders, *48*(5), 1549-1565. https://doi.org/10.1007/s10803-017-3422-8

Sapey-Triomphe, L. A., Dierckx, J., Vettori, S., van Overwalle, J., & Wagemans, J. (2023). A multilevel investigation of sensory sensitivity and responsivity in autistic adults. *Autism Research*, *16*(7), 1299-1320. https://doi.org/10.1002/aur.2962

Semuels, A. (2025, April 22). Trump administration cuts funding for autism research—Even as it aims to find the cause. *Time*. https://time.com/7279068/trump-administration-autism-research-cuts/

Serafini, G., Gonda, X., Canepa, G., Pompili, M., Rihmer, Z., Amore, M., & Engel-Yeger, B. (2017). Extreme sensory processing patterns show a complex association with depression, and impulsivity, alexithymia, and hopelessness. *Journal of Affective Disorders, 210*, 249-257. http://dx.doi.org/10.1016/j.jad.2016.12.019

Schoondermark, F., Spek, A., & Kiep, M. (2024). Evaluating an autistic burnout measurement in women. *Journal of Autism and Developmental Disorders*, 1-15. https://doi.org/10.1007/s10803-024-06438-8

Schweizer, T., Endres, D., Dziobek, I., & Tebartz van Elst, L. (2024). Psychosocial therapeutic approaches for high-functioning autistic adults. *Frontiers in psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1265066

Sharp, M. K., Baki, D. A. B. A., Quigley, J., Gavin, S., Cotton, S., Entwistle, V. A., & Thomas, J. (2022). The effectiveness and acceptability of evidence synthesis summary formats for clinical guideline development groups: A mixed-methods systematic review. *Implementation Science, 17*(1), 74. https://doi.org/10.1186/s13012-022-01243-2

Shaw, K. A., Williams, S., Patrick, M. E., Valencia-Prado, M., Durkin, M. S., Howerton, E. M., Ladd-Acosta, C. M., Pas, E. T., Bakian, A. V., Bartholomew, P., Nieves-Muñoz, N., Sidwell, K., Alford, A., Bilder, D. A., DiRienzo, M., Fitzgerald, R. T., Furnier, S. M., Hudson, A. E., Pokoski, O. M., Shea, L., Tinker, S. C., et al. (2025). Prevalence and early identification of autism spectrum disorder among children aged 4 and 8 years — Autism and Developmental Disabilities Monitoring Network, 16 sites, United States, 2022. *MMWR Surveillance Summaries*, *74*(2), 1–22. https://doi.org/10.15585/mmwr.ss7402a1

Siggers, G., & Day, B. (2024). Beyond School Avoidance: Recognizing, identifying, and addressing autistic burnout in children. *BJ Psych Open*, *10*(S1), S169-S169. https://doi.org/10.1192/bjo.2024.433

Singh, A., Roberts, M. C., McKinney, W. S., Kelly, S., Ortega, A., Doyle, R., & Tampke, E. C. (2023). Advocacy as a professional competency in psychology. *Training and Education In Professional Psychology, 17*(4), 414–422. https://doi.org/10.1037/tep0000450

Statistics Canada. (2022). *Disaggregated data and analysis on gender, sex and sexual orientation—Section 6: LGBTQ2+ people*. https://www150.statcan.gc.ca/n1/pub/12-581-x/2022001/sec6-eng.htm

South, G., & Sunderland, N. (2020). Finding their place in the world: what can we learn from successful Autists' accounts of their own lives? *Disability & Society*, *37*(2), 254–270. https://doi.org/10.1080/09687599.2020.1816903

Straus, J. N. (2013). Autism as culture. In L. J. Davis (Ed.), *The disability studies reader* (4th ed., pp. 460–484). Routledge.

Taboas, A., Doepke, K., & Zimmerman, C. (2022). Preferences for identity-first versus person-first language in a US sample of autism stakeholders. *Autism*, *27*(2), 565-570. https://doi.org/10.1177/13623613221130845

Tancredi, S., & Abrahamson, D. (2024). Stimming as thinking: A critical reevaluation of self-stimulatory behavior as an epistemic resource for inclusive education. *Educational Psychology Review, 36*(75). https://doi.org/10.1007/s10648-024-09904-y

Taylor, D. (2020). Reflective practice in the art and science of counselling: A scoping review. *Psychotherapy and Counselling Journal of Australia*, *8*(1). https://doi.org/10.59158/001c.71255

Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & Society*, *19*(6), 569–583. https://doi.org/10.1080/0968759042000025250

Thorpe, D., McKinlay, M., Richards, J., Sang, K., & Stewart, M. E. (2024). The lived experience of autistic adults in employment: A systematic search and synthesis. *Autism in Adulthood*, *6*(4), 495-509. https://doi.org/10.1089/aut.2022.0114

van den Boogert, F., Klein, K., Spaan, P., Sizoo, B., Bouman, Y. H., Hoogendijk, W. J., & Roza, S. J. (2022a). Sensory processing difficulties in psychiatric disorders: A meta-analysis. *Journal of Psychiatric Research, 151*, 173-180. https://doi.org/10.1016/j.jpsychires 2022.04.020

van den Boogert, F., Spaan, P., Sizoo, B., Bouman, Y. H., Hoogendijk, W. J., & Roza, S. J. (2022b). Sensory processing, perceived stress and burnout symptoms in a working population during the COVID-19 crisis. *International Journal of Environmental Research and Public Health, 19*(4). https://doi.org/10.3390/ijerph19042043

Verhulst, I., MacLennan, K., Haffey, A., & Tavassoli, T. (2022). The perceived causal relations between sensory reactivity differences and anxiety symptoms in autistic adults. *Autism in Adulthood, 4*(3), 183-192. https://doi.org/10.1089/aut.2022.0018

Vivanti, G., & Messinger, D. S. (2021). Theories of autism and autism treatment from the DSM III through the present and beyond: impact on research and practice. *Journal of Autism* *and Developmental Disorders, 51*(12), 4309–4321. https://doi.org/10.1007/s10803-021-04887-z

Wallace, D., Herbert, J., Hassrick, E. M., & Kabourek, S. E. (2022). The frequency and clustering of autism-related behaviors during encounters between the police and the autism community. *Policing: An International Journal of Police Strategies & Management, 45*(3), 403-420. https://doi.org/10.1108/PIJPSM-10-2021-0141

Ward, J., Ren, Z., & Qiu, J. (2023). Autistic traits in the neurotypical Chinese population: A Chinese version of Glasgow sensory questionnaire and a cross-cultural difference in attention-to-detail. *Journal of Autism and Developmental Disorders*, *53*(2), 669-676. https://doi.org/10.1007/s10803-020-04829-1

Weiss, M. J., Tereshko, L., Bowman, K., Marshall, K., & Rose, K. (2022). Effective collaboration: Maximizing outcomes in autism intervention in an interdisciplinary model. In J. B. Leaf, J. H. Cihon, J. L. Ferguson, & M. J. Weiss (Eds.), Handbook of applied behavior analysis interventions for autism: Integrating research into practice (pp. 125–149). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-96478-8_8

Weir, E., Allison, C., Warrier, V., & Baron-Cohen, S. (2020). Increased prevalence of non-communicable physical health conditions among autistic adults. *Autism*, *25*(3), 681-694. https://doi.org/10.1177/1362361320953652

Wendt, D. C., Huson, K., Albatnuni, M., & Gone, J. P. (2022). What are the best practices for psychotherapy with indigenous peoples in the United States and Canada? A thorny question. *Journal of Consulting and Clinical Psychology*, *90*(10), 802-814. http://dx.doi.org/10.1037/ccp0000757

WPS Publishing (n.d.). *SPM-2 Sensory Processing Measure, second edition*. https://www.wpspublish.com/spm-2

Westhoff, M. A., Posovszky, C., & Debatin, K. M. (2023). How to respond to misinformation from the anti-vaccine movement. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, *60*. https://doi.org/10.1177/00469580231155723

Whiteley, P., Carr, K., & Shattock, P. (2021). Research, clinical, and sociological aspects of autism. *Frontiers in Psychiatry*, *12*, 481546. https://doi.org/10.3389/fpsyt.2021.481546

Widaman, K. F., & Helm, J. L. (2023). Exploratory factor analysis and confirmatory factor analysis. In H. Cooper, M. N. Coutanche, L. M. McMullen, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), APA handbook of research methods in psychology: Data analysis and research publication (2nd ed., pp. 379–410). American Psychological Association. https://doi.org/10.1037/0000320-017

Williams, M. T., Khanna Roy, A., MacIntyre, M. P., & Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports, 8*(2), 17-34. https://doi.org/10.1007/s40719-022-00225-5

World Health Organization. (2022). International statistical classification of diseases and related health problems (11th ed.). https://icd.who.int/

World Health Organization. (2025, May 6). *Social determinants of health* [Fact sheet]. https://www.who.int/news-room/fact-sheets/detail/social-determinants-of-health

Yvonne Bulk, L., & Collins, B. (2023). Blurry lines: Reflections on “insider” research. *Qualitative Inquiry, 30*(7), 568-576. https://doi.org/10.1177/10778004231188048

Zaks, Z. (2023). Changing the medical model of disability to the normalization model of disability: Clarifying the past to create a new future direction. *Disability & Society*, *39*(12), 3233–3260. https://doi.org/10.1080/09687599.2023.2255926

Zapparrata, N. M., Brooks, P. J., & Ober, T. M. (2023). Slower processing speed in autism spectrum disorder: A meta-analytic investigation of time-based tasks. *Journal of Autism and Developmental Disorders, 53*(12), 4618-4640. https://doi.org/10.1007/s10803-022-05736-3

Zeisel, A., Thiel, T., Gaigg, S. B., Roessner, V., & Ring, M. (2023). Validation of the German Glasgow Sensory Questionnaire and replication of sensory processing differences in students with higher and lower Autism-Spectrum Quotient. *BMC Psychiatry*, *23*(1), 426. https://doi.org/10.1186/s12888-023-04903-9

Appendix A

Table A1

Reported Symptoms of Autistic Burnout

Symptom Domain	Supporting Studies
Exhaustion/fatigue	Raymaker et al. (2020); Higgins et al. (2021); Arnold et al. (2023a); Clarey et al. (2025); Schoondermark et al. (2024); Mantzalas et al. (2021)
Social withdrawal	Raymaker et al. (2020); Higgins et al. (2021); Arnold et al. (2023a); Clarey et al. (2025); Schoondermark et al. (2024)
Executive dysfunction /loss of skills	Raymaker et al. (2020); Higgins et al. (2021); Arnold et al. (2023a); Schoondermark et al. (2024)
Sensory sensitivities/reduced tolerance	Raymaker et al. (2020); Higgins et al. (2021); Clarey et al. (2025); Schoondermark et al. (2024)
Increased autistic traits	Higgins et al. (2021); Schoondermark et al. (2024)
Sleep disturbance	Clarey et al. (2025)
Brain fog/cognitive impairment	Clarey et al. (2025); Schoondermark et al. (2024)
Appetite changes	Clarey et al. (2025)
Dissociation	Clarey et al. (2025); Schoondermark et al. (2024)
Gastrointestinal issues/somatic symptoms	Clarey et al. (2025); Schoondermark et al. (2024)
Masking	Arnold et al. (2023a)

Appendix B

Table B1

Reported Risk Factors of Autistic Burnout

Risk Factor	Supporting Studies
Masking	Raymaker et al. (2020); Higgins et al. (2021); Arnold et al. (2023a*); Mantzalas et al. (2021, 2022a); Clarey et al. (2025); Ferguson et al. (2024); Benatov et al. (2025); Schoondermark et al. (2024)
Sensory overload	Raymaker et al. (2020); Higgins et al. (2021); Mantzalas et al. (2021, 2022a); Clarey et al. (2025); Ferguson et al. (2024); Schoondermark et al. (2024)
Stigma/invalidation	Mantzalas et al. (2021, 2022b); Clarey et al. (2025); Ferguson et al. (2024); Schoondermark et al. (2024)
Unmet support needs	Raymaker et al. (2020); Mantzalas et al. (2022b); Ferguson et al. (2024); Cage & McManemy (2022); Schoondermark et al. (2024)
Overcommitment/excessive demands	Clarey et al. (2025)
Communication differences	Arnold et al. (2023a)

Appendix C

Table C1

Queries for Case Conceptualization

Theme	Suggested Queries	Supporting Research
Symptoms and Impacts	How do you feel that autistic burnout symptoms impact you physically, emotionally, or cognitively? Have you noticed any changes in your ability to think, speak, or carry out daily tasks? How long have these problems been happening? How are your symptoms functionally impacting your relationships, schooling, employment, or other aspects of life?	Autistic burnout symptoms include exhaustion/fatigue, social withdrawal, executive dysfunction/skill regression, sensory sensitivities, increased autistic traits, sleep disturbance, brain fog, dissociation, appetite changes, gastrointestinal problems, and masking (Arnold et al., 2023a; Arnold et al., 2023b; Clarey et al., 2025; Higgins et al., 2021; Mantzalas et al., 2021; Raymaker et al., 2020; Schoondermark et al., 2024). Autistic burnout can cause temporary skill loss and unemployment (Higgins et al., 2021; Raymaker et al., 2020; Schoondermark et al., 2024).
Community and Social Context	Who are the people or communities that impact your daily life? How comfortable to do feel within these social contexts? Do you feel connected to autistic or neurodivergent communities?	Belonging to autistic or neurodivergent communities protects against burnout (Clarey et al., 2025; Raymaker et al., 2020).
Support Needs	What demands in your life exceed your personal capacity or supports? In what areas of life do you require additional support? What kinds of rest or relief feel possible, and what feels impossible?	Unmet support needs are risk factors for autistic burnout (Cage & McManemy, 2022; Ferguson et al., 2024; Mantzalas et al., 2022b; Raymaker et al., 2020; Schoondermark et al., 2024).

Masking/ Camouflaging	In what situations do you conceal aspects of yourself? How does masking affect your energy and mood? Do you feel pressure to appear 'typical' at work, school, or home?	Masking is a risk factor for autistic burnout (Arnold et al., 2023a; Benatov et al., 2025); Clarey et al., 2025; Ferguson et al., 2024; Higgins et al., 2021; Mantzalas et al. (2021, 2022a); Raymaker et al., 2020; Schoondermark et al., 2024).
Sensory Stresses	Which sensory experiences drain or overwhelm you most? Do you have ways of recovering after sensory overload? Are there environments where you feel calmer or safer?	Sensory hypersensitivity and overload are risk factors for autistic burnout (Clarey et al., 2025; Ferguson et al., 2024; Higgins et al., 2021; Mantzalas et al.,2021; Mantzalas et al., 2022a; Raymaker et al., 2020; Schoondermark et al., 2024).
Experiences of Stigma	How do you feel about being autistic? Have you experienced criticism or invalidation for being yourself? What helps you feel accepted?	Perceived autism stigma is a risk factor for autistic burnout (Clarey et al., 2025; Ferguson et al., 2024; Mantzalas et al., 2021; Mantzalas et al., 2022b; Schoondermark et al., 2024), Positive autistic identity promotes recovery (Mantzalas et al., 2021).
Cultural Identities	Do you identify as LGBTQ2+, BIPOC, or another marginalized identity? Do you belong to any other marginalized groups? What else should I know about your identity?	Gender, LGBTQ+, and other cultural identities influence experiences of autistic burnout (Benatov et al., 2025; Schoondermark et al., 2024). Minority stress can compound the mental health problems of those who are autistic, LGBTQ+ or BIPOC (Botha & Frost, 2018; Parmenter & Barrita, 2024).

Appendix D

Table D1

Summary of Clinical Recommendations

Clinical Domain	Clinical Recommendation	EBPP Rationale
Case Conceptualization	Gather information on clients' cultural identities (e.g., BIPOC, LGBTQ2+)	Minority stress intensifies burnout symptoms and awareness of identities allows for culturally competent care (Benatov et al., 2025; Schoondermark et al., 2024).
Assessment	Create a sensory profile using the GSQ, AASP, or SBM-2 to identify sensory triggers and patterns.	Sensory profiles can inform interventions and coping strategies (Serafini et al., 2017).
Treatment: Sensory Adaptations	Conduct sensory 'audits' of daily settings and therapy space. Make adaptations as needed.	Managing sensory inputs supports regulation and energy restoration (Mantzalas et al., 2022; Raymaker et al., 2020).
Treatment: Regulation and Identity	Validate stimming and unmasking as adaptive behaviours.	Encouraging positive identity and sensory regulation improves well-being and therapeutic engagement (Charlton et al., 2021; Ferguson et al., 2024).
Treatment: Referrals	Refer client to specialist if SPD is suspected.	Ensures scope-appropriate assessment and intervention (CPA, 2017; Kirby et al., 2023).
Therapist Education & Reflexivity	Obtain ongoing autism education. Monitor legislation and research. Engage in self-reflexivity.	Ongoing learning and reflective practice enhance competence and therapeutic alliance (Lipinski et al., 2022; Hume, 2022).
Accessibility & Advocacy	Offer sliding-scale fees, connect clients to nonprofit or funded programs, and provide flexible communication options (email, video, etc.).	Structural inequities and communication barriers impede access; advocacy and flexibility promote inclusion (Ferguson et al., 2024; Paynter et al., 2025).