

APPENDIX A: Slides and Case Study Information

Link to Slides (case studies begin on slide #52):

https://www.canva.com/design/DAGzJ2rJslc/7LZbNakMVQZBGg2r51jJSg/edit?utm_content=DAGzJ2rJslc&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

QR Code for Alternative Access to Appendices:



Written Case Study Information:

Participant #1

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - I want to know who I am as a person and build healthy relationships.
 - I hope to develop a relationship with you, it's hard for me to connect with others.
- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - I feel like my sense of self is unstable and unpredictable.
 - My relationships with others are often unstable and intense.
 - I experience difficulty expressing and controlling anger.
 - Sometimes when I'm feeling intense or uncomfortable emotions, I will cut myself.
 - I've felt suicidal for most of my life, and I've made one attempt to kill myself.
 - I often experience intense irritability and anxiety.
 - You are my 5th therapist, I didn't get along with the others.
 - I experience mood swings, especially during menstruation.
 - I experience chronic feelings of emptiness, nothing makes me happy.
- Alternative Diagnosis:

- Borderline Personality Disorder (301.83, F60.3, 6D10.2)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "It was difficult for me to reach out to schedule a session with a therapist because I feel like I should be over these problems by now. I'm often overwhelmed by my emotions and overstimulated by my environment. I haven't found a neurodivergent-affirming therapist yet, that's why you are my 5th therapist so far. Previous medical providers and therapists have told me that my mood swings are due to the sex I was assigned at birth, that because I'm a girl I am "emotional and sensitive". I don't know socially appropriate ways to express my anger. I find that I am often feeling so much at one time that it's easier to numb my feelings than try to understand them. I'm always masking, so I don't really know who I am inside. I don't know how to identify the social behaviors of people who will be good candidates for a healthy relationship. I feel like people were all given access to a social handbook, and I wasn't. Sometimes I want to hurt myself, other times it is a body-focused repetitive behavior. I was born into a world that wasn't built for me, so it's no wonder why I want to kill myself".

Participant #2

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - I want to learn how to make friends with my peers. Usually I feel so anxious that I can't enjoy myself.
 - I don't like that I care so much about what other people think of me, it's so exhausting.
- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - I'm always on edge, thinking that other people are watching how I act.
 - I avoid social situations because they cause me so much anxiety.
 - I'm worried that I'm going to embarrass myself so badly that people will look at me differently.
 - In elementary school, I used to be friendly with others. But now, I'm just too scared.
 - I feel like my peers always know what to do, but I get lost so easily.
 - I'm missing out on social milestones, such as dating or school dances.
 - I don't know how to start conversations or introduce myself to others.
 - Sometimes I worry that I will say something that offends my peers.
 - I avoid asking my teachers and coaches for help, I just feel so anxious to start talking.
- Alternative Diagnosis:

- Social Anxiety/Social Phobia (300.23, F40.10, 6B04)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - “There are a lot of social expectations for me, most of which I don’t feel ready for. It’s easier for me to avoid social interaction than to put myself out there and have people think that I am weird. I don’t want to ruin the relationships that I already have. I’m finding that it was a lot easier for me to mask as a kid, and that I didn’t start feeling different from my peers until the beginning of high school. My brain understands why my peers act the ways that they do, but I don’t see the social benefits of their obsessions or why they are so focused on acting like who they aren’t. It’s hard for me to relate to my peers, but I don’t feel like they relate to me either. Even though I want to participate in social events, they are often overstimulating for me. Sometimes I think that I’m being funny, but I actually hurt people’s feelings. I could go to adults for help, but honestly, they don’t explain things to me in a way that makes sense. I always want to make friends but I don’t know how. Whenever I try to be social, I can tell that I did something wrong but I don’t know why. I get so anxious socializing because I feel pressure to perform well because I don’t actually know what I’m doing. I want to connect with others, but they don’t seem to understand me, just like I don’t understand them. Everyone is just so confusing, I don’t get it”.

Participant #3

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - I hope to figure out why people don’t seem to enjoy spending time with me.
 - I also want to learn if I have the ability to trust people, and for others to trust me in return.
- Presenting Problem: What are the client’s current symptoms—duration, intensity, and precipitating factors?
 - I am almost 65 years old, and I have never been successful at building relationships.
 - I am preoccupied with the fantasy of fixing myself with an ideal romantic relationship.
 - I feel angry and resentful when family or friends are not praising me for my accomplishments.
 - I present as haughty and arrogant, you probably won’t like me.
 - I’ve been told that it feels like I don’t care if I hurt others.
 - I tend to lie to others, even if it hurts them. I’ve lied to therapists before, too.
 - I gossip in almost all of my relationships.

- I get jealous when people are successful in work or relationships; they have something I'll never get.
- I'll do what it takes to get what I need, other people clearly can't be trusted to provide security for me.
- Alternative Diagnosis:
 - Narcissistic Personality Disorder (301.81, F60.81, 6D10)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "At this age, most of my peers have adult children, some of them even have grandchildren, and I've never been able to keep a partner for more than a couple of months. I feel like I'm behind, that there is a social script that I'm not following. I wonder if I did have a spouse and children if I would be happier with myself? At parties and events, I feel like I need constant feedback and reassurance to know whether or not I am "acting right". If I push you away before you really get to know me, you might not realize that I'm socially inept or awkward. If you do manage to get to know me, I'll probably say something that comes off as offensive or controlling sooner or later. It might seem like I'm callous, but I know that I've hurt you. It's just hard for me to pinpoint exactly what behavior caused the rift in our relationship in the first place. When I feel especially embarrassed or I feel like I'm missing a lot of social cues, I'll make up lies so people won't discover how insecure I am. I also use gossip to distract others from my social difficulties or the fact that I'm not successful. I've decided that because people don't feel comfortable around me, they would rather not get to know me and because I can't provide a normal relationship for them, they will leave me sooner or later. I feel like it's nearly impossible for people to truly understand who I am".

Participant #4

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - I'd love to learn how to trust others and myself, it just seems so hard to believe that people are good.
 - I'm also wanting to focus on getting back in touch with my emotions.
- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - I tend to avoid situations that make me feel fear or anxiety, especially if it will disrupt my routine. Routines and consistency allow me to feel safe.
 - I can't remember much of what happened to me in elementary or middle school, but I do know that I wasn't treated the best by my teachers and classmates.

- I feel like I am always responsible for the bad things that happen to me.
- I don't feel like I can trust anyone, not even my immediate family members.
- I often feel like I don't really have emotions, everything in my world is just gray and flat.
- It's hard for me to concentrate at work, and I tend to startle easily (which embarrasses me).
- I feel like I'm living my life through a dream, what I'm experiencing doesn't feel real.
- Alternative Diagnosis:
 - Post Traumatic Stress Disorder (309.81, F43.10, 6B40)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "I am uncomfortable with the idea of my environment changing because changes require a large amount of energy. When things are consistent, I feel safe. Beyond that, it's so hard for me to even recognize the feelings that my body and mind are experiencing. It feels like they are nonexistent sometimes because I can't find words to verbally communicate what's going on inside. Because of this, people tend to think that I'm boring or non-expressive. I can't remember much of what happened to me in elementary or middle school, but I do know that I wasn't treated the best by my teachers and classmates. As I've become an adult, I've decided that it's better to avoid social situations than to have people make comments about how I'm not empathetic or responding correctly. Even though people tell me that it's not my fault that I'm not included, I feel like I am always responsible for the bad things that happen to me. When my parents say this, I think that they are lying because they tend to treat me differently than my siblings. My internal world is so different from how people perceive me, so it feels safer to separate myself from my environment and create a more comfortable place in my mind".

Participant #5

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - I want to learn how to recognize anxiety, and how to release that anxiety in a way that is healthy.
 - I want to stop obsessing over how people respond to me or view my odd behaviors.
- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - I often move my hands in repetitive motions, sometimes these movements make noise and draw attention.

- I have difficulties with spaces that aren't clean, especially if they are sticky or there are crumbs everywhere.
- Loud noise, especially music with repeated lyrics bothers me.
- After leaving social situations, I will often replay the events of the night over and over in my head, trying to figure out if I said or did anything that was offensive or rude.
- I often ask for reassurance from my siblings and friends, just because I don't want to mess up.
- I have to stick to a routine, otherwise my mood for the day drastically changes.
- I organize my belongings my size and color, and feel angry when someone modifies their order.
- Alternative Diagnosis:
 - Obsessive Compulsive Disorder (300.3, F42.9, 6B20)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "Feeling so anxious all of the time is so overstimulating, that it seeps into everything that I try to do. But I can't stop because if I stop being anxious, then I will allow people to see my neurodiversity. Most people feel uncomfortable with that. People give me strange looks when I release this anxiety by stimming or make fun of me when I try to keep my environment in specific and particular conditions. Add in variables that I can't control, such as unexpected sounds and I will probably start to retreat into myself or find a way to resolve my inner discomfort. My environment is constantly overwhelming and I do my odd behaviors to feel grounded. I don't feel any compulsion to do this, it's just the best way for me to get through overwhelming situations. Growing up, my parents would scold me for not understanding how to interact with my peers, so now I seek reassurance and praise to understand if I am doing things correctly. After leaving social situations, I will often replay the events of the night over and over in my head, trying to figure out if I said or did anything that was offensive or rude. It's not that I want to be recognized for being "better than everyone else", I'm seeking for another perspective outside of my brain in an effort to stop ruminating".

Participant #6

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - I want to stop feeling numb and isolated all of the time, I don't know who I am anymore.

- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - I've been immobilized by intense feelings of exhaustion.
 - Nothing that I've tried seems to help me to feel better.
 - Up until 6 months ago, I was going out with friends 2x a week, dating often, and thriving in graduate school.
 - It's hard for me to think or concentrate.
 - My mood is low all of the time, and activities that used to make me happy are meaningless now.
 - I feel like I can't show people that I'm struggling so much.
 - Sometimes my mind is so tired I just want to stop talking until I feel differently.
 - People's expectations for me are too high.
 - It's been almost impossible for me to take care of basic things, like brushing my teeth or washing laundry.
 - I'm starting to lose contact with people because I don't have the capacity to text them or call them back.
- Alternative Diagnosis:
 - Major Depressive Disorder (296.xx, F32.x / F33.x, 6A70)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "When I started grad school, I pushed myself to maintain my social life in addition to the responsibilities of grad school. But I pushed myself too hard and burned myself out too quickly. I'm starting to feel uncomfortable all of the time, things that don't usually bother me are really starting to get on my nerves. I've suspected that I have autism and it's exhausting to live in a world that was not built to be flexible for people like me. If I don't fit into a box, I don't fit into plans to change. I've burned myself out so much that typical stress management techniques don't work for me anymore. Neurotypical social expectations are too much for me to handle, but I can't mask my emotional and cognitive difficulties anymore. I can't imagine living the rest of my life like this, but I can't imagine it getting better. Despite knowing that it's hurting me, I continue to mask because people only want to "talk" about my feelings, not understand them. I wish that people know that "talking" about how tired I am won't fix it. I don't have enough support, but I'm still expected to complete tasks at work and school. I'm beginning to transition into survival mode. At this point, it's easier to retreat into myself than to try and explain my symptoms to people".

Participant #7

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?
 - My mood is all over the place and it is driving me crazy. I'd like to have more stability with my emotions.
 - I wish that I understood myself, it's like I change my personality several times a week.
- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - I have good days, but it feels like they don't last.
 - When I feel my emotions, it's like my entire body is experiencing them. I can't ignore how I am feeling.
 - Some days, I feel worthless, ignored, and unmotivated.
 - Other days, especially when I get to engage in my hobbies, I am so excited that I can't stop smiling or break away from focusing on the task at hand. Sometimes I work early into the morning with little sleep.
 - How I am feeling seems to change depending on the groups of people I am with too.
 - I'm scared that I'm faking my emotions, especially when people tell me that I am overly sensitive or that I let my feelings get hurt too easily.
- Alternative Diagnosis:
 - Bipolar Disorder (296.xx, F31.x, 6A60 – 6A6Z)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "I'm processing so much all of the time that I am very susceptible to changes in my environment. Because of this, it's hard to find stability within myself. I'm trying to balance my internal monologue while doing my best to match my behavior and responses to the moods of people around me. There are portions of time when I allow more of my true emotions to shine through, but it gets harder and harder the more I get to know people. I try to stuff these emotions down or process them faster, but it doesn't work. My feelings are deep and stay with me for days. I have good days, but it feels like they don't last. I'm scared that I'm faking my emotions, especially when people tell me that I am overly sensitive or that I let my feelings get hurt too easily. Like I'm making up how I feel in my head in order to get attention or meet my needs".

Participant #8

- Goals: What does the client hope to change as a result of coming to therapy? What is the desired outcome?

- I feel embarrassed that I don't know how to control my behavior, everyone else seems to know how to do that. I'd love to know what social cues I'm missing.
- Presenting Problem: What are the client's current symptoms—duration, intensity, and precipitating factors?
 - Sometimes I will hyper-focus on something and the rest of my world completely fades into the background.
 - When people talk to me, they feel like I'm not listening to them because I'm fidgeting or I'm not making eye contact. I'm quickly bored by conversations with others because I feel under-stimulated.
 - I'm easily distracted by external stimuli, loud noises or uncomfortable textures cause me to become overwhelmed.
 - I have a hard time not interrupting others, it's difficult for me to know when to speak and when to listen.
 - It's challenging for me to understand social cues, especially in my university classes or at my job. At times, I will leave my desk when others are seated, or not realize that I'm meant to be focusing on certain tasks.
- Alternative Diagnosis:
 - Attention Deficit Hyperactivity Disorder (314.00/314.01, F90.x, 6A05)
- Lens of Autism Spectrum Disorder (ASD) Diagnosis:
 - "I feel embarrassed that I don't know how to control my behavior, everyone else seems to know how to do that. I'd love to know what social cues I'm missing. This would help to decrease my stress. I'm not asking you to take that responsibility for me, but I honestly don't know what to do most of the time in social situations. I don't like to make eye contact because it's so overwhelming, and sometimes it becomes physically painful for me. When I'm stimming, I promise that I'm listening, it is a way for me to release the energy inside of me in new environments. I wish that I could wear earplugs or have a dial to turn down the noise in my world. I can't process how to carry a conversation and block out irritating sounds simultaneously. I'm not very interested in hearing people talk about things that are interesting or are not my special interests. For that reason, sometimes I interrupt people and speak when it's not my turn. I'm not trying to be rude, I simply just don't know when I'm supposed to talk or not. I'm fascinated by the major I've selected to study, and that is one topic that is easy for me to carry a conversation about. If I was able to identify the special interests of my peers, I think it would be a lot easier for me to build relationships".

APPENDIX B: Additional Resources to Further Conceptual Understanding

A Quick and Easy Guide to Asexuality (Molly Muldoon & Will Hernandez)

A Quick and Easy Guide to Queer and Trans Identities (Mady G & J.R. Zuckerberg)

A Quick and Easy Guide to They/Them Pronouns (Archie Bongiovanni & Tristan Jimerson)

Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your Practice
(Jennifer Mullan, PsyD)

Remarkably Bright Creatures (Shelby Van Pelt)

Self-Care for Autistic People: 100+ Ways to Recharge, Destress, and Unmask! (Dr. Megan Anna Neff)

Supercommunicators: How to Unlock the Secret Language of Connection (Charles Duhigg)

The Autism Relationships Handbook: How to Thrive in Friendships, Dating, and Love (Dr. Faith G. Harper and Joe Biel)

The Autistic Burnout Workbook: Your Guide to Your Personal Recovery Plan (Dr. Megan Anna Neff)

The Queer Mental Health Workbook: A Creative Self-Help Guide Using CBT, CFT and DBT
(Dr. Brendan J. Dunlop)

Unmasking Autism: Discovering the New Faces of Neurodiversity (Devon Price, PhD)

APPENDIX C: Discussion Questions for Mentors and Colleagues

1. What was my first exposure to Autism Spectrum Disorder? How has that experience shaped my current beliefs and interactions?
2. How have the shifts in diagnostic criteria over time changed my view of Autism Spectrum Disorder?
3. What are some biases that I have about Autism Spectrum Disorder, and where did these biases originate?
4. What additional training or knowledge do I need in order to effectively work alongside my autistic clients?
5. How can I use flexibility and authenticity in my work with autistic clients?
6. What do I wish my autistic clients knew about my therapeutic approach? How can I convey this to my autistic clients?
7. What do I assume my autistic clients wish that I knew or understood about them? How can I begin this conversation with them?
8. Who do I know in my place of employment or personal life who could use concepts or skills that I've learned today?
9. What support do I need from mentors or colleagues in order to feel confident in treating symptoms of Autism Spectrum Disorder?
10. How open am I to feedback from others? Would I be open to increased feedback and direct communication from my autistic clients?
11. What do I wish was different for my autistic clients in their daily lives? Is there support that I can provide at systemic, cultural, diagnostic, or levels to alleviate minority stress?
12. Do I allow myself accommodations or flexibility during daily life? How do my own views about internal and external support influence my work with autistic clients?

APPENDIX D: REFERENCES

- Biel, J., & Harper, F. G. (2021). *The Autism Relationships Handbook: How to Thrive in Friendships, Dating, and Love (5-Minute Therapy)*. Microcosm Publishing.
- Building Blocks Therapy. (2025). The importance of a multidisciplinary approach to autism therapy. Retrieved from <https://www.buildingblockstherapy.org/blog/the-importance-of-a-multidisciplinary-approach-to-autism-therapy>
- Conway, J. R. (2019). Understanding individual differences in theory of mind via the Mind-space framework. *Psychiatry Research*, 271, 100-108.
- Gernsbacher, M. A. (2019). Empirical failures of the claim that autistic people lack a theory of mind. *Psychological Science*, 30(8), 1157-1168.
- Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. *The British Journal of Psychiatry*, 208(3), 232–238. <https://doi.org/10.1192/bjp.bp.114.160192>
- Hull, L., Mandy, W., & Petrides, K. V. (2017). *Camouflaging in autism: A systematic review of the literature*. *Journal of Autism and Developmental Disorders*, 47(8), 2439-2453. <https://doi.org/10.1007/s10803-017-3166-5>
- Lai, M.-C., Ruigrok, A. N. V., & Chakrabarti, B. (2017). *Quantifying and exploring camouflaging in men and women with autism*. *Autism*, 21(6), 690-702. <https://doi.org/10.1177/1362361316671576>
- Lever, A. G., & Geurts, H. M. (2016). Psychiatric co-occurring symptoms and disorders in young, middle-aged, and older adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 46(6), 1916–1930. <https://doi.org/10.1007/s10803-016-2722-8>
- Livingston, L. A., & Happé, F. G. (2019). Good social skills despite poor theory of mind: Exploring the cognitive and neural basis of social functioning in autism. *Journal of Child Psychology and Psychiatry*, 60(1), 1-13.
- Livingston, L. A., Shah, P., & Happé, F. (2019). Compensatory strategies below the behavioural surface in autism: A qualitative study. *Lancet Psychiatry*, 6(9), 766–777.
- Livingston, L. A., Shah, P., & Happé, F. (2019). Compensatory strategies below the behavioural surface in autism: A qualitative study. *Lancet Psychiatry*, 6(9), 766–777.

- Livingston, L. A., Shah, P., & Happé, F. G. (2019). *Compensatory strategies below the behavioral surface in autism: A qualitative study*. *The Lancet Psychiatry*, 6(11), 876-885. [https://doi.org/10.1016/S2215-0366\(19\)30336-4](https://doi.org/10.1016/S2215-0366(19)30336-4)
- Long, E. L., Catmur, C., & Bird, G. (2025). The theory of mind hypothesis of autism: A critical evaluation of the status quo. *Psychological Review*. Advance online publication. <https://doi.org/10.1037/rev0000532>
- McQuaid, G. A., Lee, N. R., & Wallace, G. L. (2025). Self-reported masking in sexual minority and heterosexual autistic adults. *Autism*, 29(8), 2137-2150. <https://doi.org/10.1177/13623613251335738> (Original work published 2025)
- McVey, A. (2023). Mindshift in autism: A call to professionals in research, policy, and practice. *Autism Research*, 16(5), 345-356.
- Mouridsen, S. E., Rich, B., & Isager, T. (2008). Mortality and causes of death in autism spectrum disorders: A prospective study. *Autism*, 12(4), 403-414. <https://doi.org/10.1177/1362361308091653>
- Mullan, J. (2023). *Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your Practice*. W. W. Norton & Company.
- Price, D. (2022). *Unmasking autism: Discovering the new faces of neurodiversity* (First edition). Harmony Books.
- Radulski, E. M. (2022). *Conceptualising autistic masking, camouflaging, and neurotypical privilege: Towards a minority group model of neurodiversity*. *Human Development*, 65(3), 161-182. <https://doi.org/10.1159/000522626>
- Rydzewska, E., Dunn, K., Cooper, S. A., & Murray, H. (2023). Premature death in autistic people in the UK investigated for the first time. *UCL News*. Retrieved from <https://www.ucl.ac.uk/news/2023/nov/premature-death-autistic-people-uk-investigated-first-time>
- Rydzewska, E., Hughes-McCormack, L. A., Gillberg, C., Henderson, A., MacIntyre, C., Rintoul, J., & Cooper, S. A. (2019). Prevalence, age of diagnosis, and mortality of autistic and non-autistic people in Scotland: A whole-population cohort study. *The Lancet Psychiatry*, 6(11), 882-890. [https://doi.org/10.1016/S2215-0366\(19\)30289-2](https://doi.org/10.1016/S2215-0366(19)30289-2)
- Schendel, D. E., Overgaard, M., Christensen, J., Hjorth, L., Jørgensen, M., Vestergaard, M., & Parner, E. T. (2016). Association of psychiatric and neurologic comorbidity with mortality among persons with autism spectrum disorder in a Danish population.

- JAMA Pediatrics*, 170(3), 243–250.
<https://doi.org/10.1001/jamapediatrics.2015.3935>
- StatPearls. (2022). *Autism Spectrum Disorder*. Retrieved from
<https://www.ncbi.nlm.nih.gov/books/NBK525976/>
- The Arbinger Institute. (2025, August 5). *The Anatomy of Peace: Resolving the Heart of Conflict* (5th ed.). Berrett-Koehler Publishers.
- The Trevor Project. (2020). *Coming out: A handbook for LGBTQ young people*. Trevor Support Center.
<https://www.thetrevorproject.org/wp-content/uploads/2019/10/Coming-Out-Handbook.pdf>
- Van der Putten, W. J., & Vlaskamp, C. (2024). *Is camouflaging unique for autism? A comparison of camouflaging behaviors in autism and ADHD*. *Autism Research*, 17(2), 123-135. <https://doi.org/10.1002/aur.3099>
- Young, S. (2020). Guidance for identification and treatment of individuals with attention deficit/hyperactivity disorder and autism spectrum disorder based upon expert consensus. *National Center for Biotechnology Information*. Retrieved from
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7247165/>
- Zheng, Y., Zhu, Q., Taylor, H., Baron-Cohen, S., & Carroll, H. A. (2025). Elevated mortality risk in autistic adults: Evidence from UK Biobank. *Molecular Autism*, 16(1), 12.
<https://doi.org/10.1186/s13229-025-00612-1>
- "Having All of Your Internal Resources Exhausted Beyond Measure and Being Left with No Clean-Up Crew": Defining Autistic Burnout*. Dora M. Raymaker, Alan R. Teo, Nicole A. Steckler, Brandy Lentz, Mirah Scharer, Austin Delos Santos, Steven K. Kapp, Morrigan Hunter, Andee Joyce, and Christina Nicolaidis. *Autism in Adulthood* 2020 2:2, 132-143.