# Supporting Autistic Burnout in Adolescents

## *A Behaviour Support Perspective within the NDIS Framework*

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This paper accompanies a 2026 conference presentation examining autistic burnout in adolescents through a Positive Behaviour Support perspective. It integrates contemporary literature with de-identified practice-based clinical reflection. The clinical observations presented are not formal research findings and should not be interpreted as diagnostic or prevalence data.

**Abstract**

Autistic burnout is increasingly recognised as a significant yet under-addressed experience characterised by debilitating exhaustion, reduced functional capacity, and increased difficulty tolerating sensory, social and everyday demands. Emerging literature suggests that burnout may develop through cumulative stress, camouflaging, insufficient environmental accommodation and a mismatch between expectations and available resources. Despite growing recognition, there remains limited applied guidance regarding how autistic burnout should inform Positive Behaviour Support (PBS), particularly for autistic adolescents within the National Disability Insurance Scheme (NDIS). This practice paper explores autistic burnout through a neurodiversity-affirming behaviour-support lens, integrating contemporary literature with reflections from adolescent clinical practice. Particular attention is given to reduced functional capacity, sensory and emotional overwhelm, withdrawal, demand-related distress, reduced participation and changes in communication. A reflective review of 14 de-identified adolescent behaviour-support cases identified recurring overlap between features documented in clinical practice and characteristics described within the autistic-burnout literature. These observations are presented as practice-based clinical reflections rather than formal research findings or retrospective diagnoses. One case had autistic burnout explicitly identified within the clinical formulation. It is proposed that burnout-informed practice does not replace functional behaviour assessment but broadens formulation by considering behavioural function alongside capacity, cumulative load and environmental context. A Recognise-Reframe-Respond framework is proposed to support practitioners to recognise changes in capacity, reframe behaviour through both function and capacity, and respond through reduced unnecessary demands, environmental adaptation, autonomy, co-regulation, emotional safety and genuine opportunities for recovery.

*Keywords:*autistic burnout, adolescence, Positive Behaviour Support, NDIS, neurodiversity-affirming practice

## Introduction

Autistic burnout has increasingly emerged within autistic communities and academic literature as a distinct and clinically significant experience. Raymaker et al. (2020) described autistic burnout as involving chronic exhaustion, loss of functioning and reduced tolerance to stimulus, occurring in the context of prolonged life stress and a mismatch between expectations and available abilities or supports. Subsequent research has begun to develop methods for measuring autistic burnout and distinguishing the construct from related experiences such as depression and generalised fatigue (Arnold et al., 2023). More recently, Ali et al. (2025) synthesised 48 studies involving approximately 4,000 autistic people and identified recurring experiences of debilitating exhaustion, increased disability or loss of functional abilities, sensory and social overwhelm, camouflaging and difficulty managing everyday demands.

Despite this developing evidence base, there remains comparatively limited guidance regarding what autistic burnout means within applied Positive Behaviour Support, particularly when working with adolescents. This is significant because a change in an autistic young person's capacity may initially become visible to Behaviour Support Practitioners through behaviour. A young person may begin refusing activities previously managed, withdrawing from social or community participation, struggling with school attendance, becoming increasingly distressed by everyday demands, experiencing heightened sensory sensitivity, requiring greater assistance with self-care, or communicating less effectively during periods of overwhelm. Within behaviour-support settings, these presentations may consequently enter clinical documentation through terminology such as avoidance, refusal, withdrawal, escalation, disengagement or behaviours of concern.

Positive Behaviour Support appropriately encourages practitioners to understand behaviour functionally and within environmental context. However, where behaviour occurs alongside a significant change in functioning, functional explanation alone may not provide the complete clinical picture. For example, an adolescent who becomes distressed following an everyday request may functionally be attempting to escape that demand. Although this remains useful information, a further clinically important question is why a demand that may previously have been manageable has become intolerable. A burnout-

informed behaviour-support formulation therefore invites practitioners to consider not only behavioural function, but also current capacity, cumulative load, sensory and emotional demands, environmental expectations and opportunities for recovery.

This practice paper develops the perspective outlined in the accepted conference abstract, which proposed reducing perceived demand, prioritising emotional safety, adopting flexible and relationship-based approaches, and shifting from compliance-focused intervention toward capacity- and regulation-focused support.

## Understanding Autistic Burnout

Raymaker et al. (2020) provided one of the foundational empirical conceptualisations of autistic burnout through community-based participatory research involving autistic adults. Their findings identified three central characteristics: chronic exhaustion, loss of function and reduced tolerance to stimulus. Burnout was conceptualised as arising from chronic life stress combined with a mismatch between expectations and available abilities in the absence of adequate support. The concept therefore extends beyond ordinary tiredness or temporary dysregulation. Loss of function may affect executive functioning, self-care, communication, social engagement, independent living and the person's ability to meet everyday expectations, while reduced tolerance to stimulus may result in previously manageable sensory, social or environmental experiences becoming increasingly difficult to tolerate.

Arnold et al. (2023) subsequently contributed to the development of the construct through work toward measuring autistic burnout, reflecting growing recognition of fatigue, exhaustion and loss of functioning as experiences requiring systematic investigation. The systematic review by Ali et al. (2025) provides further support for these themes. Across the literature reviewed, autistic burnout involved debilitating exhaustion and increased disability and could involve chronic periods punctuated by acute crises. Sensory and social overwhelm, camouflaging, stigma and everyday demands were among the factors associated with burnout, while rest, solitude, sensory relief, self-understanding and appropriate support were identified as potentially helpful to recovery.

One of the most clinically relevant concepts arising from this literature for behaviour support is cumulative load. Behaviour Support Practitioners routinely examine antecedents and consider what occurred immediately before a behaviour. Although this remains important, a burnout-informed perspective requires consideration of a longer timeframe. The immediate request preceding an escalation may represent only the final demand within a much larger accumulation of sensory, social, emotional, cognitive and environmental demands. This creates an important distinction between the immediate antecedent and the broader conditions affecting the person's available capacity.

## Why Adolescence Matters

The evidence base regarding autistic burnout remains predominantly adult-focused. This limitation should be acknowledged rather than assuming findings from autistic adults automatically generalise to adolescents; the recent systematic review also identified substantial limitations in the representativeness of existing samples (Ali et al., 2025). Nevertheless, adolescence represents an important developmental period in which to consider cumulative load and changes in capacity. Academic expectations often increase, while secondary education can introduce greater organisational and executive-functioning demands, multiple teachers and classrooms, more frequent transitions, increasingly complex assessment requirements and greater expectations for independent self-management.

Social demands may also become increasingly complex. Some autistic young people engage in camouflaging, using strategies to conceal or compensate for autistic characteristics in social environments. Cook et al.'s (2021) systematic review found that higher self-reported camouflaging was generally associated with poorer mental-health outcomes, while also highlighting limitations in participant representation and measurement. Importantly for an adolescent-focused discussion, Ross et al. (2023) examined 733 autistic children and adolescents aged 4-17 years and found that camouflaging significantly predicted internalising symptoms after controlling for age, gender and IQ. Adolescents also demonstrated greater discrepancies between parent- and clinician-reported autistic characteristics than younger children.

These findings are relevant to behaviour-support practice because observable behaviour may not fully represent internal effort or distress. An adolescent who appears to manage the school environment may consequently have substantially less capacity remaining for communication, self-care, family interaction or everyday demands later in the day. Broader systematic review evidence also suggests that autistic people may camouflage in response to social pressure, stigma and the need for belonging, while camouflaging has been associated with burnout and adverse impacts on wellbeing and identity (Zhuang et al., 2023). Adolescence additionally involves puberty, identity development, changing relationships, increasing expectations for independence and transitions toward adulthood. The clinical implication is not that adolescence itself causes autistic burnout, but that practitioners should remain curious about the combined load of academic, sensory, social, emotional and developmental expectations and how these may affect an individual young person's available capacity.

## When Reduced Capacity Presents as "Behaviour"

Autistic burnout may not present to a Behaviour Support Practitioner with an existing burnout formulation. Instead, referrals may describe refusal, avoidance, aggression, withdrawal, shutdown, school disengagement, reduced participation, changes in communication, difficulties completing self-care or increased dependence on others. These behaviours may have identifiable functions and should continue to be assessed through an evidence-informed functional framework; however, identifying behavioural function does not necessarily explain the broader change in presentation.

Consider an adolescent who refuses to shower. Functional assessment may indicate that refusal results in escape from the task, yet a broader formulation may also consider reduced executive capacity, sensory distress associated with water or temperature, exhaustion following school, difficulty transitioning between activities, interoceptive differences or insufficient remaining capacity to manage another demand. The behaviour may still function to escape the shower, but the additional clinical question is why escape has become necessary.

This distinction becomes particularly important where practitioners encounter behaviours labelled as non-compliance. If a reduction in capacity is interpreted primarily as unwillingness, intervention may inadvertently involve increasing prompting, reinforcement, demands or behavioural expectations precisely when the young person has fewer resources available to meet them. A neurodiversity-affirming formulation instead considers whether the young person will not engage or whether, under their current conditions, they cannot engage at that time.

## Practice-Based Clinical Reflection

The concepts explored in this paper were considered through a reflective review of 14 de-identified adolescent behaviour-support cases from recent clinical practice. This was undertaken as practice-based clinical reflection rather than formal research. The cases were not prospectively recruited, clinical records were not originally created for research purposes, no standardised autistic-burnout assessment was administered across the sample, and no retrospective diagnosis of autistic burnout was attempted.

*When existing adolescent behaviour-support documentation is viewed through a burnout-informed lens, what recurring patterns become visible?*

Documentation was considered in relation to reduced functional capacity, fatigue or emotional exhaustion, withdrawal or shutdown, sensory overwhelm or sensitivity, difficulty associated with demands, changes and transitions, changes in communication, participation, and support recommendations relating to regulation, environmental adaptation and recovery.

Reduced functional capacity was clearly documented in 13 of the 14 cases (93%), as was increased difficulty associated with demands or periods of overwhelm (13/14; 93%). Change or transition difficulties and impacts on participation were each documented in 12 cases (86%). Sensory overwhelm or sensitivity and withdrawal or shutdown were each clearly documented in 10 cases (71%). Changes affecting communication during periods of overwhelm were documented in nine cases (64%), while fatigue or emotional exhaustion was clearly documented in eight cases (57%). Most notably, all 14 cases

contained behaviour-support recommendations involving some combination of regulation support, environmental adjustment, reduced demands, predictability, sensory accommodation, space, co-regulation or recovery.

These observations do not indicate that the adolescents were experiencing autistic burnout. Rather, they demonstrate that features overlapping with contemporary descriptions of autistic burnout were already present to varying degrees within behaviour-support documentation. One case was distinct because autistic burnout was explicitly identified within the existing clinical formulation. The documented presentation included reduced energy and capacity, withdrawal, sensory overwhelm, communication changes and reduced participation, while the behaviour-support response emphasised reduced demand, emotional safety, sensory adaptation, autonomy, co-regulation and gradual re-engagement according to capacity.

The similarities between this explicitly burnout-informed formulation and features appearing across other cases prompted a broader clinical question: could burnout-informed thinking help Behaviour Support Practitioners recognise when changes in behaviour are occurring within a broader change in capacity?

## Function and Capacity: Broadening the Formulation

A burnout-informed approach does not replace Functional Behaviour Assessment; rather, it can broaden formulation by encouraging consideration of current capacity, cumulative load and environmental context alongside behavioural function. Positive Behaviour Support within the NDIS is intended to be person-centred and rights-based, with the Positive Behaviour Support Capability Framework emphasising proactive practice and defining the values and capabilities required for best-practice behaviour support (NDIS Quality and Safeguards Commission, 2024).

Traditional functional questions remain essential: what happened before the behaviour, what the person may be communicating, what need or function may be met, which environmental factors influence the behaviour, and what occurs afterwards. A burnout-informed approach adds questions about what has

been building over time, whether the person's capacity or sensory tolerance has changed, whether current expectations exceed available resources, whether participation or functioning has declined, whether sufficient recovery is occurring, and what could be reduced, adapted or accommodated.

**Function + Capacity + Cumulative Load + Context**

This distinction becomes particularly important when behaviour represents a change from previous functioning. If an adolescent previously attended school consistently but now struggles to attend, previously completed self-care independently but now requires extensive assistance, previously participated socially but increasingly withdraws, or previously tolerated environments that have become overwhelming, the change itself warrants clinical curiosity. Rather than asking only why the young person is refusing, formulation can expand to consider what has changed that means the activity is no longer manageable. This does not diminish the importance of behavioural function; it places function within the person's broader neurodevelopmental, environmental and capacity context.

## Responding Differently: Capacity-Based Positive Behaviour Support

When formulation changes, intervention may also need to change. If reduced capacity is interpreted primarily as non-compliance, support teams may unintentionally increase demands through additional prompting, repeated instructions, behavioural expectations, reinforcement systems or pressure to return rapidly to usual participation. For an adolescent experiencing substantial cumulative load, these interventions may themselves become additional demands. Burnout-informed PBS instead considers which expectations can be removed, reduced, simplified or temporarily paused, recognising that not every therapeutic, educational or independence goal needs to be pursued simultaneously.

Environmental and sensory adaptation may be equally important. Reducing noise, visual or social stimulation, providing predictable low-stimulation spaces, accommodating sensory needs and allowing access to breaks may protect limited capacity. This is consistent with contemporary burnout literature identifying sensory and social overwhelm as contributors to burnout and rest and sensory relief as

potentially important components of recovery (Ali et al., 2025). Such adaptations should not automatically be interpreted as avoidance of intervention; they may instead represent proactive environmental support.

Autonomy and relational safety also warrant attention. Choice, control, flexible timing and collaborative communication can reduce unnecessary perceived demand while preserving dignity. During significant overwhelm, an adolescent's capacity to process language, reason, problem-solve or participate in restorative discussion may be temporarily reduced. Calm presence, reduced verbal interaction, reassurance and co-regulation may therefore be more useful than correction or repeated prompting.

Finally, recovery should not be defined simply as the cessation of visible behaviour. A young person who is no longer escalating may remain exhausted, withdrawn or operating with substantially reduced capacity. Research into autistic burnout identifies rest, solitude, sensory relief, self-understanding and appropriate support as relevant to recovery (Ali et al., 2025). Recovery may therefore involve reduced social interaction, preferred regulating activities, sensory safety and gradual re-engagement. The objective is not to encourage an adolescent to push through periods of significantly reduced capacity, but to create environmental and relational conditions that support recovery and sustainable re-engagement.

## Implications for Positive Behaviour Support Within the NDIS

Burnout-informed practice can sit comfortably within high-quality Positive Behaviour Support. The NDIS Positive Behaviour Support Capability Framework positions PBS as person-centred and rights-based, with an emphasis on proactive support and the reduction and elimination of restrictive practices (NDIS Quality and Safeguards Commission, 2024). A capacity-based formulation can strengthen these principles by increasing attention to environmental conditions, unmet support needs and the sustainability of expectations placed upon the person.

The shift is subtle but clinically significant. Rather than focusing primarily on how to increase compliance with an expectation, practitioners can consider what needs to change so that the person has greater capacity to participate. Similarly, apparent avoidance can prompt exploration of what currently

makes participation difficult or intolerable, while return to routine can be considered in terms of sustainable recovery and re-engagement rather than speed alone. These questions maintain behavioural curiosity while shifting emphasis away from behavioural normalisation and toward meaningful participation, regulation, dignity and quality of life.

## Interdisciplinary and Systemic Support

Autistic burnout cannot be understood solely at the level of the individual young person. Cumulative load may arise across school, home, therapy, disability support, community participation, social relationships and broader environmental expectations. Reducing demands in one environment while maintaining unsustainable expectations elsewhere may therefore have limited effect. Burnout-informed behaviour support requires collaboration with the adolescent, family, educators, support workers and relevant allied-health and medical professionals.

Importantly, interdisciplinary collaboration should not inadvertently result in more demands. For an adolescent with reduced capacity, multiple appointments, interventions, assessments, therapeutic goals and expectations across disciplines can themselves contribute to cumulative load. Effective collaboration may therefore involve determining not only what support should be added, but also what can be removed, paused or simplified. Teams can consider whether expectations are consistent across environments, which interventions are currently essential, whether sensory and communication accommodations are adequate, and how the adolescent's own preferences and experiences are incorporated into decisions.

This remains consistent with the original conference abstract's emphasis on emotional safety, flexible low-demand and relationship-based approaches and interdisciplinary collaboration for complex presentations involving anxiety, trauma and identity development.

## Limitations and Ethical Considerations

The clinical reflection described in this paper has important limitations. The 14 cases constitute a small convenience sample from clinical practice and were not prospectively recruited or systematically

assessed for research purposes. Documentation was developed primarily for behaviour-support practice rather than measurement of autistic burnout. The observations were undertaken by a practitioner reflecting on clinical documentation, creating potential for interpretive and confirmation bias; independent coding was not undertaken and standardised autistic-burnout measures were not administered across the cases.

Many features associated with autistic burnout are also non-specific. Fatigue, withdrawal, reduced participation, emotional dysregulation, sensory distress and reduced functioning may occur alongside anxiety, depression, trauma, ADHD, sleep disturbance, physical illness, medication effects, communication differences or environmental stress. The emerging burnout evidence base itself also has limitations. Ali et al. (2025) noted that participants represented in existing research were predominantly White, female, late-diagnosed autistic adults with at least average intellectual or verbal abilities, meaning that generalisation to adolescents and autistic people with different communication, intellectual or support profiles requires considerable caution.

Similarly, evidence linking camouflaging with poorer mental health does not establish that camouflaging inevitably causes burnout. Accordingly, the practice observations presented here should not be interpreted as evidence that the adolescents reviewed were experiencing autistic burnout or as estimates of the prevalence of burnout within NDIS behaviour-support populations. Rather, they highlight a clinically relevant question requiring further investigation: when autistic adolescents demonstrate changes in behaviour alongside reduced functioning, should cumulative load and changing capacity become more explicit components of Positive Behaviour Support formulation?

## A Recognise-Reframe-Respond Framework

The implications discussed throughout this paper can be summarised through a three-part practice framework. The framework is not proposed as a diagnostic model for autistic burnout; rather, it offers a practical prompt for integrating burnout-informed thinking into neurodiversity-affirming Positive Behaviour Support.

**Recognise**

Notice changes in capacity. Practitioners can look beyond changes in the frequency or intensity of behaviour and consider concurrent changes in functioning, participation, communication, sensory tolerance, emotional regulation, withdrawal, fatigue or recovery. Recognition does not mean diagnosis; it means remaining curious when an autistic adolescent appears less able to manage what was previously manageable.

**Reframe**

Consider function and capacity. Continue asking what behaviour communicates and what function it may serve, while also examining cumulative load, environmental demands and whether expectations exceed available resources. The immediate antecedent remains relevant, but it may not tell the whole story.

**Respond**

Support capacity rather than simply pursuing compliance. Reduce unnecessary demands, adapt environments, protect sensory capacity, increase autonomy, support co-regulation and provide genuine opportunities for recovery before gradually supporting re-engagement.

## Conclusion

Autistic burnout presents an important consideration for behaviour-support practice because changes in capacity may initially become visible through changes in behaviour. Refusal, avoidance, withdrawal, escalation, school disengagement, reduced self-care and changes in communication may all appropriately warrant functional assessment. However, where these presentations occur alongside changes in functioning, sensory tolerance, participation or recovery needs, practitioners may benefit from asking what has happened to the young person's capacity.

Emerging literature describes autistic burnout through experiences including exhaustion, reduced functioning, sensory and social overwhelm and difficulties associated with cumulative everyday demands, while also identifying the need for greater clinical recognition and more representative research (Ali et al.,

2025). Practice-based reflection across 14 de-identified adolescent behaviour-support cases identified substantial overlap between some of these features and patterns already documented within clinical practice. These observations cannot establish burnout diagnoses, but they demonstrate why cumulative load and changes in capacity deserve consideration within behaviour-support formulation.

Burnout-informed Positive Behaviour Support does not require abandoning functional assessment; it requires expanding it. By recognising changes in capacity, reframing behaviour through function and capacity, and responding through reduced unnecessary load, autonomy, regulation and recovery, Behaviour Support Practitioners may be better positioned to provide support that is responsive to autistic experience while remaining aligned with person-centred and rights-based Positive Behaviour Support.

**Sometimes the most meaningful behaviour support is not helping an autistic adolescent tolerate more; it is recognising when we are asking too much.**

**About the Author**

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**Further information and resources:**
**Horizons Therapy Clinic**

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