



THE CANADIAN JOURNAL OF AUTISM EQUITY
LA REVUE CANADIENNE DE L'ÉQUITÉ EN MATIÈRE D'AUTISME
VOLUME 5 | ISSUE 1 | APRIL 2025

Autism-Informed Mindfulness: Collaborative Practitioner Experiences

Jan A. Wozniak, Centre for Addiction and Mental Health and
University of Toronto, Canada

 <https://orcid.org/0000-0002-0218-2456>

Sue Hutton, Centre for Addiction and Mental Health, Canada

 <https://orcid.org/0009-0005-0928-8746>

RECOMMENDED CITATION: Wozniak, J. A., & Hutton, S. (2025). Autism-Informed Mindfulness: Collaborative Practitioner Experiences. *The Canadian Journal of Autism Equity*, 5(1), 80–94.

Autism-Informed Mindfulness: Collaborative Practitioner Experiences

La pleine conscience au service de l'autisme : expériences collaboratives des praticiens

Jan A. Wozniak^{1,2}, Sue Hutton^{1,3}

Abstract

Within Canada, there remains a continuing need for neurodiversity-affirming and community-informed programs and interventions for autistic adults. Over the past year, we—a late-diagnosed autistic adult practicing mindfulness and a mindfulness teacher interested in autism with extensive involvement in the autism community—have co-delivered mindfulness sessions to autistic adults, including self-diagnosed and formally diagnosed persons, using a synchronous virtual format. The manualized intervention outlined in this paper was initially designed and implemented by Lunsy and colleagues (2022). In this experiential commentary, we reflect on our experiences delivering this program and why collaborative partnerships like this are important for those intending to work with autistic individuals in clinical and therapeutic settings. Specifically, we highlight the tools and strategies we implemented within our formal and informal mindfulness practices to ensure that participants had their social and sensory needs met throughout the duration of our six-week program. Additionally, we discuss what we learned while co-facilitating autism-informed mindfulness and our recommendations for fellow practitioners moving forward.

¹ Azrieli Adult Neurodevelopmental Centre, Centre for Addition and Mental Health

² Factor-Inwentash School of Social Work, University of Toronto

¹  <https://orcid.org/0000-0002-0218-2456>

³ ¹  <https://orcid.org/0009-0005-0928-8746>

Keywords

Autism-informed mindfulness, virtual programming, co-facilitation, collaboration, neurodiversity-affirming spaces

Resumé

Au Canada, il existe un besoin constant de programmes et d'interventions pour les adultes autistes qui tiennent compte de la neurodiversité et de la communauté. Au cours de l'année écoulée, nous – un adulte autiste diagnostiqué tardivement qui pratique la pleine conscience et une enseignante de la pleine conscience qui s'intéresse à l'autisme et qui est très impliqué dans la communauté des autistes – avons co-dirigé des séances de pleine conscience à des adultes autistes, y compris des personnes auto-diagnostiquées et des personnes ayant reçu un diagnostic formel, en utilisant un format virtuel synchrone. L'intervention guidée décrite dans cet article a été initialement conçue et mise en œuvre par Lunsy et ses collègues (2022). Dans ce commentaire expérimental, nous réfléchissons à notre expérience de la mise en œuvre de ce programme et aux raisons pour lesquelles des partenariats de collaboration comme celui-ci sont importants pour ceux qui ont l'intention de travailler avec des personnes autistes dans des contextes cliniques et thérapeutiques. Plus précisément, nous soulignons les outils et les stratégies que nous avons mis en œuvre dans le cadre de nos pratiques formelles et informelles de pleine conscience pour veiller à ce que les besoins sociaux et sensoriels des participant·es soient satisfaits pendant toute la durée de notre programme de six semaines. En outre, nous discutons de ce que nous avons appris en coanimant la pleine conscience adaptée à l'autisme et de nos recommandations à l'intention des autres praticien·nes pour l'avenir.

Mots-clés

Pleine conscience et autisme, programmation virtuelle, cofacilitation, collaboration, espaces respectueux de la neurodiversité

Autism Advisor Background

Mindfulness has been a core practice since my late teenage years. It provided me with the tools to navigate adversity, offering clarity and resilience in moments of uncertainty. Receiving my autism diagnosis was a profound turning point—an ‘a-ha moment’ that allowed me to piece together my past, reframe my experiences, and better understand myself. With that said, autistic individuals frequently navigate inhospitable environments, face challenging social encounters, experience sensory overload, and struggle with confusion and uncertainty as they move through a foreboding neurotypical world. Learning to get through life without acceptance and support felt insurmountable at times, with the common ablest attitudes (at least in my life) being ‘sink or swim’ and ‘grin and bear it.’ Reading Vedic, Buddhist, and Taoist texts provided a much-needed purview into mindfulness and acceptance, helping me to let go and work through many of the problematic thoughts, feelings, and emotions that followed me throughout my life.

When I eventually began to practice mindfulness consistently and ‘bring it off the cushion,’ I discovered a greater connection with others and the world around me. Mindfulness allowed me to welcome the unknown, step back from my thoughts, and experience life more meaningfully. Years later, I eventually had the opportunity to observe and participate in a manualized group-based virtual mindfulness program for autistic adults. A manualized program is a structured framework that provides clinicians with clear guidelines to ensure consistent and effective delivery of therapeutic interventions (Thompson-Hollands & Barlow, 2015). Cultivating self-compassion was a pivotal aspect of this journey, empowering me to embrace my autistic identity openly for the first time. Serving as a co-facilitator in this program was equally transformative, as it challenged the stigma I had previously internalized around self-disclosure in public forums. This collaborative process

was iterative and dynamic, combining my lived insights as an autistic advisor and Sue's expertise as a mindfulness practitioner. By blending our perspectives, we reflected on how to utilize our strengths, share our insights, identify potential barriers, and adapt the program to meet the needs of neurodivergent meditators effectively.

Mindfulness Teacher and Clinical Social Worker Background

I co-lead mindfulness groups with and for autistic adults as a clinical social worker and mindfulness teacher. A core value in my work is challenging the ableism traditionally found in mindfulness programs. I have studied and practiced mindfulness in traditional settings since 1985, having completed professional training with Jon Kabat-Zinn, founder of Mindfulness-Based Stress Reduction (MBSR). I have also worked in various roles supporting people with developmental disabilities in community settings and advocacy and rights work for over thirty years. Since my initiation into mindfulness practices, I have taught in diverse settings, including community programs, educational institutions, hospitals, cancer centres, and prisons. Throughout the past 40 years, encompassing innumerable experiences, interactions, and contexts, I believe my work with autistic adults and advisors in developing and delivering neurodiversity-affirming mindfulness groups has afforded the deepest insight into these practices.

Our Approach

Traditional mind-body practices, such as mindfulness, often pose challenges for autistic individuals due to their rigid structures and reliance on neurotypical norms (Hourston & Atchley, 2017; Hutton, 2020). For example, many mindfulness programs use abstract or metaphoric language that can be difficult for some autistic individuals to interpret, in turn reducing their ability to engage meaningfully with the practice (de Bruin et

al., 2015; Lunskey et al., 2022). Furthermore, sensory and social preferences, such as intolerance of uncertainty or discomfort in unstructured settings (e.g., Jenkinson et al., 2020; Rodgers et al., 2017), can overwhelm autistic individuals when session lengths and formats remain rigid, especially if facilitators do not provide agendas in advance. Providing detailed descriptions of the program's structure and each session in advance, along with offering flexible and shorter session options, can help reduce barriers and create a more accessible mindfulness experience. Similarly, differences in interoception, alexithymia, and aphantasia common among autistic individuals (King et al., 2024; Kinnaird et al., 2019; Trevisan et al., 2021) may require mindfulness instructors to move beyond conventional practices by offering diverse or multiple exercise options (Hutton, 2020).

By emphasizing adaptability and participant-centred approaches, mindfulness programs can create a more inclusive environment for neurodivergent meditators. For instance, providing reassurance that it is acceptable for specific techniques to be less effective for some individuals can alleviate pressure and encourage participants to engage with practices at their own pace and comfort level (Hutton, 2020; Lunskey et al., 2022). Additionally, virtual or hybrid learning options can help address sensory preferences and promote a sense of safety and acceptance toward neurodivergent needs (Loftus et al., 2023). Moreover, studies on virtual interventions underscore additional advantages, such as alleviating the burden of travel, reducing financial costs, and mitigating the mental and emotional strain often associated with attending in-person sessions (Westerberg et al., 2021). By addressing these barriers and emphasizing flexibility, programs can better accommodate neurodivergent meditators and support them through the initial challenges they might encounter when learning mindfulness (Hutton, 2020).

Given the scarcity of accessible resources for autistic adults, our synchronous virtual mindfulness program prioritized inclusivity and partnership (Lunsky et al., 2022). First, it was co-developed and co-facilitated with autistic advisors for autistic adults, ensuring that our practices addressed the needs and preferences of neurodivergent participants. Second, recognizing the structural and financial barriers to adult assessments, both self-diagnosed and formally diagnosed autistic adults were able to enroll in our program. Notably, we received a significant number of self-diagnosed individuals within our cohorts, reiterating the continuing need for accessible adult neurodevelopmental services across Canada. Third, by offering mindfulness in a synchronous format, we created a more communal setting where participants could connect with fellow autistic adults, unlike asynchronous practices done independently. Previous studies suggest that autistic adults find shared experiences valuable in mindfulness programs by enhancing reciprocity and social connection (e.g., Redquest et al., 2022). Fourth, with the virtual platform, participants could tune in from safe spaces (e.g., the comfort of their homes), select preferred modes of communication (e.g., speech, text-based chat, and emojis), and decide whether to be on camera during our sessions or specific practices (e.g., formal mindfulness exercises).

Co-facilitation between an autistic advisor and an experienced mindfulness practitioner created a supportive and enriching experience for all involved. The benefit of working with a mindfulness practitioner with an extensive background was the assurance it afforded when delivering the program, allowing the advisor to ease into the facilitation process while offering observational feedback and rapport-building with the participants. Tantamount to this process is *trust* in each other's strengths and insight about mindfulness and neurodivergent perspectives. We would meet weekly outside of the group sessions to

develop all materials and thoroughly plan how to make our delivery most effective.

Additionally, we would debrief after our sessions, highlighting ways to improve the practices and identifying any barriers or challenges the group was experiencing.

Taking the time to discuss our delivery candidly provided an open and encouraging space for constructive feedback. Through the delivery of the groups, the voice of the autistic advisor was predominant in facilitating discussion and giving feedback to participants, while the mindfulness practitioner's role was more specifically related to teaching mindfulness skills. This division of duty effectively balanced participants during their practices and discussions. We also found that the tone of the groups was positive and supportive, thanks to the autistic voice offering warmth, encouragement, and mutual understanding throughout the sessions.

Co-delivering groups was a joyous and illuminating experience, especially the opportunity to foster a strong sense of community and connection between facilitators and participants. One of the common messages from participants was the growing need for safe, inclusive, and neurodiversity-affirming spaces. During our meetings, participants shared their lived experiences, challenges, and observations about individualizing the mindfulness tools for themselves and strategies for implementing mindfulness in daily life. Many participants referenced previous programs and services that neglected the autistic experience, which, in turn, discouraged them from attending and completing the practices. These included standardized eight-week programs offered in person or virtually, such as MBSR and mindfulness-based cognitive therapy (MBCT; Segal et al., 2002).

Some participants indicated that these programs failed to account for autism and co-occurring health and mental health challenges, such as trauma and anxiety, which could lead

to overwhelming self-focused attention, sensory overload, and unpleasant thoughts, emotions, and memories from their past. Others found the length of these sessions, which typically range from 120 minutes to 150 minutes (Shapero et al., 2018), to be another significant accessibility barrier to sustainable participation and practice.

We discovered that having an autistic co-facilitator proved to be welcoming and neurodiversity-affirming for participants, validating their experiences and providing ample opportunities to listen and respond to shared experiences throughout the program. Moreover, having the autistic advisor's direct input into accessibility features in the group helped to reduce communication barriers that a non-autistic clinician may not be aware of. For example, to minimize uncertainty and potential anticipatory anxiety, we started each session with a thorough overview of the practices, reminding participants that they could stop or modify them to ensure safety and comfort. Additionally, at the beginning of the session, we provided ample opportunity for group members to discuss what worked and what did not, as well as ways to modify practices for greater effectiveness, thereby integrating principles of mutual aid within our program.

When considering an autism-informed, strength-based approach, we wanted participants to find activities and sources of pleasure that maximized authenticity and autistic joy in their mindfulness practices. We knew that with hectic schedules, the programming needed to be enjoyable and efficient during the initial weeks, especially with home practices. Prioritizing positive experiences, such as mindfully walking, swimming, cycling, being outdoors in nature, and spending time with their pets, may help participants remain motivated about incorporating mindfulness into daily life, especially as autistic individuals often find it difficult or stressful to change their routines (e.g., Gomot & Wicker,

2011). If and when participants encountered difficulties during the program, we provided opportunities to meet directly with the co-facilitators outside regular group sessions. Having both co-facilitators present during the sessions gave participants a greater recognition of autistic experiences and the support and assurance of clinical expertise.

Even though the co-facilitators guided these programs, we learned a great deal from the participants each week by engaging in constructive dialogues. In this process, we discovered that, for many, it was the first time they encountered mindfulness or psychological interventions that resonated with them and understood their unique needs. Some expressed not knowing what “calm” felt like, highlighting frequent exposure to stress, restlessness, and sympathetic dominant states, with many having to navigate the world with late and missed diagnoses. Those who received a more recent diagnosis sometimes underwent a process of personal growth by engaging with fellow autistic individuals within a group setting for the first time, which proved to be an enriching and empowering process. Specifically, many described feeling more self-compassionate about discovering they were neurodivergent and appreciative of the opportunity to learn from others with similar experiences.

Additionally, some individuals became increasingly comfortable when participating in group discussions, while others expressed a newfound desire to find connections with the autism community beyond our sessions. Between active listening and weekly reflective meetings, we continued to recognize how mindfulness can help autistic adults achieve greater self-awareness, acceptance, emotional regulation, equanimity, and social connection. Our modelling of acceptance and support of each other as co-facilitators

reinforced the positive impact that meaningful collaborations can have on practices and programs involving autistic individuals.

What We Learned

The collaborative approach of autistic adults co-facilitating mindfulness groups with trained clinicians brings a richness that significantly enhances the effectiveness of the practices. The wisdom of autistic adults has transformed how we envision, practice, and teach mindfulness. Some of the most impactful ideas on making mindfulness accessible have come directly from autistic adults rather than clinicians and researchers, such as the inclusion of at-home mindfulness practices that prioritize passionate interests and interoception education to improve bodily and emotional awareness. Given that autistic adults experience various social and sensory challenges in daily life, we decided that rather than constantly trying to target these negative experiences, we would emphasize cultivating the positive parts of their day first, making mindfulness awareness easier to initiate and maintain.

For instance, when finding a daily routine to bring mindful awareness to during at-home practices, Jan suggested that participants start with something they commonly do that brings them joy, such as walking or moving outdoors and feeling the comforting sensations of the wind and sun on their faces. To make this process easier, we provided examples of joyous activities in daily life that offered simple sensory connections participants could focus on before progressing to multisensory awareness. During our sessions, we offered opportunities to discuss how participants could individualize their informal practices with these priorities in mind.

We understand that altering your mindful sensory awareness can be challenging when uncomfortable thoughts, feelings, and emotions tied to stress, anxiety, and burnout pull your focus. Mindfulness practitioners often use the phrase ‘Come to our Senses’ to encourage meditators to engage fully with their sensory experiences. We frequently incorporated this phrase into our teachings to help neurodivergent participants deepen their connection to their sensory world. For instance, some individuals who experienced anxiety or chronic pain benefitted by incorporating temperature (e.g., sitting in a warm shower) or sound (e.g., binaural beats) during mindfulness practices, helping them to overcome deterring factors such as excessive thought or negative sensations. Conversely, other participants needed to remove or adapt particular exercise components to minimize their uncomfortable sensations (e.g., drinking instead of eating during a mindfulness exercise). In doing so, they honoured their unique sensory processing needs by connecting with themselves and experimenting with sensory-seeking and sensory avoidance during their mindfulness practices.

For many neurodivergent people, sensory experiences can be overwhelming and potentially triggering (Crane et al., 2009; MacLennan et al., 2022; Scheerer et al., 2021), making it valuable for clinicians to work directly with autistic advisors to understand how to accommodate these experiential differences. If clinicians do not know what autistic meditators require, they may be unaware of the stress and disinterest that may arise during these practices. Research suggests that mindfulness programs can be more effective when they integrate sensory and social accommodations based on autistic participants’ input (Hartley et al., 2022; Lunskey et al., 2022), as rigid curricula may not always align with their diverse needs. In our experience, without careful consideration of adaptations, autistic participants can find mindfulness programs challenging to navigate and adhere to in the long

term. Without consideration of neurodiversity, many clinicians who complete standard mindfulness-based training might neglect the needs of neurodivergent meditators.

Therefore, it is our view that collaboration with autistic advisors and co-facilitators can play an invaluable role in developing curricula that increase the accessibility and effectiveness of mindfulness programs.

Why This Matters

The benefits of sharing insights with a formally trained mindfulness practitioner and autistic advisor who understands the complexities and nuances of the autistic experience can help address the group's needs, including compassionate understanding, reassurance, and on-the-spot support. Mindfulness is perfect for this kind of partnership as it prioritizes curiosity and acceptance about different ways of being and practicing - taking time, noticing, not judging, and being present. On the one hand, Sue has acquired clinical knowledge about autism by working within the community and extensive experience with mindfulness, but she does not have direct experience as an autistic adult. On the other hand, Jan brought this lived experience to the program, but he possesses less formal mindfulness training and teaching. Therefore, to best serve autistic adults in our mindfulness program, we had to rely on each other's knowledge and experience, making collaboration an integral component of our success. Overall, this curriculum provided a valuable purview into the benefits of cross-neurotype mindfulness programming, which, in turn, helped ensure that we honoured neurodiversity and the lived experiences of autistic meditators.

Future Directions

Drawing from our experiences co-facilitating mindfulness, we recommend teaching mindfulness in accessible ways that effectively and compassionately provide sensory and social accommodations. One helpful strategy is to ensure that an autistic advisor and a trained mindfulness teacher co-lead all mindfulness programs to enhance the accessibility, sustainability, and impact on autistic meditators. Moving forward, we hope to continue facilitating mindfulness programs together. We intend to use the knowledge gained from our joint efforts to expand the number of available peer support opportunities, creating more welcoming and community-driven spaces for neurodivergent adults. Training more autistic adults to co-deliver mindfulness groups will benefit the future of neurodivergent mindfulness practices. Lastly, with the challenges associated with autism diagnoses, including late and missed diagnoses and high costs associated with adult assessments, we also believe that programs and practitioners need to be mindful of these additional barriers by fostering greater inclusivity for both self-diagnosed and formally diagnosed autistic individuals. These efforts can help to ensure that autistic individuals, irrespective of their lived experiences and socioeconomic backgrounds, have access to resources and programming that support their quality of life and overall wellbeing.

Closing Comments

In working together to deliver mindfulness groups, autistic adults and non-autistic clinicians can co-create warm, welcoming, and impactful programs for neurodivergent individuals. To make mindfulness and similar tools accessible to all, we encourage the broader adoption of the collaborative partnership approach outlined in this paper within autism and neurodevelopmental research and practice.

References

- Crane, L., Goddard, L., & Pring, L. (2009). Sensory processing in adults with autism spectrum disorders. *Autism*, 13(3), 215-228. <https://doi.org/10.1177/1362361309103794>
- de Bruin, E. I., Blom, R., Smit, F. M., van Steensel, F. J., & Bögels, S. M. (2015). MYmind: Mindfulness training for Youngsters with autism spectrum disorders and their parents. *Autism*, 19(8), 906-914. <https://doi.org/10.1177/1362361314553279>
- Gomot, M., & Wicker, B. (2012). A challenging, unpredictable world for people with autism spectrum disorder. *International Journal of Psychophysiology*, 83(2), 240-247. <https://doi.org/10.1016/j.ijpsycho.2011.09.017>
- Hartley, M., Due, C., & Dorstyn, D. (2022). Barriers and facilitators to engaging individuals and families with autism spectrum disorder in mindfulness and acceptance-based therapies: A meta-synthesis. *Disability and Rehabilitation*, 44(17), 4590-4601. <https://doi.org/10.1080/09638288.2021.1921859>
- Hourston, S., & Atchley, R. (2017). Autism and mind-body therapies: A systematic review. *Journal of Alternative and Complementary Medicine*, 23(5), 331-339. <https://doi.org/10.1089/acm.2016.0336>
- Hutton, S. (2020, October 8). Learning to celebrate neurodiversity in mindfulness. *Mindful*. <https://www.mindful.org/learning-to-celebrate-neurodiversity-in-mindfulness/>
- Jenkinson, R., Milne, E., & Thompson, A. (2020). The relationship between intolerance of uncertainty and anxiety in autism: A systematic literature review and meta-analysis. *Autism*, 24(8), 1933-1944. <https://doi.org/10.1177/1362361320932437>
- King, R., Buxton, H., & Tyndall, I. (2024). Aphantasia and autism: An investigation of mental imagery vividness. *Consciousness and Cognition*, 125, 103749. <https://doi.org/10.1016/j.concog.2024.103749>
- Kinnaird, E., Stewart, C., & Tchanturia, K. (2019). Investigating alexithymia in autism: A systematic review and meta-analysis. *European Psychiatry*, 55, 80-89. <https://doi.org/10.1016/j.eurpsy.2018.09.004>
- Loftus, T., Mathersul, D. C., Ooi, M., & Yau, S. H. (2023). The efficacy of mindfulness-based therapy for anxiety, social skills, and aggressive behaviors in children and young people with autism spectrum disorder: A systematic review. *Frontiers in Psychiatry*, 14, 1079471. <https://doi.org/10.3389/fpsy.2023.1079471>
- Lunsky, Y., Redquest, B., Albaum, C., Hutton, S., Share, M., Share-Strom, D., & Weiss, J. (2022). Virtual group-based mindfulness intervention for autistic adults: A feasibility study. *Mindfulness*, 13(7), 1706-1718. <https://doi.org/10.1007/s12671-022-01909-4>
- MacLennan, K., O'Brien, S., & Tavassoli, T. (2022). In our own words: The complex sensory experiences of autistic adults. *Journal of Autism and Developmental Disorders*, 52(7), 3061-3075. <https://doi.org/10.1007/s10803-021-05186-3>

- Redquest, B., Tint, A., St John, L., Hutton, S., Palmer, P., & Lunskey, Y. (2022). Virtual group-based mindfulness program for autistic women: A feasibility study. *Women's Health*, 18, 17455057221142369. <https://doi.org/10.1177/17455057221142369>
- Rodgers, J., Hodgson, A., Shields, K., Wright, C., Honey, E., & Freeston, M. (2017). Towards a treatment for intolerance of uncertainty in young people with autism spectrum disorder: Development of the Coping with Uncertainty in Everyday Situations (CUES©) Programme. *Journal of Autism and Developmental Disorders*, 47(12), 3959-3966. <https://doi.org/10.1007/s10803-016-2924-0>
- Scheerer, N. E., Curcin, K., Stojanoski, B., Anagnostou, E., Nicolson, R., Kelley, E., Georgiades, S., Liu, X., & Stevenson, R. A. (2021). Exploring sensory phenotypes in autism spectrum disorder. *Molecular Autism*, 12(1), 67. <https://doi.org/10.1186/s13229-021-00471-5>
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. Guilford Press.
- Shapero, B. G., Greenberg, J., Pedrelli, P., de Jong, M., & Desbordes, G. (2018). Mindfulness-based interventions in psychiatry. *Focus*, 16(1), 32-39. <https://doi.org/10.1176/appi.focus.20170039>
- Thompson-Hollands & Barlow, D. H. (2015). Manual based treatments. In J. D. Wright (Ed.), *International encyclopedia of the social & behavioral sciences* (2nd ed., pp. 500-504). Elsevier. <https://doi.org/10.1016/B978-0-08-097086-8.21045-3>.
- Trevisan, D. A., Parker, T., & McPartland, J. C. (2021). First-hand accounts of interoceptive difficulties in autistic adults. *Journal of Autism and Developmental Disorders*, 51(10), 3483-3491. <https://doi.org/10.1007/s10803-020-04811-x>
- Westerberg, B., Bäärnhielm, S., Giles, C., Hylén, U., Holländare, F., & Bejerot, S. (2021). An internet based intervention for adults with autism spectrum disorder - A qualitative study of participants experiences. *Frontiers in Psychiatry*, 12, 789663. <https://doi.org/10.3389/fpsy.2021.789663>