

Mindfulness and Social Support in Neurodiversity-Affirming Higher Education Programs

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Abstract

Students with autism and other neurodivergent identities experience elevated levels of anxiety, depression, and social isolation in higher education settings, often compounded by environments that prioritize normalization over inclusion. Emerging educational and mental-health literature suggests that mindfulness-based practices and structured peer support may enhance emotional regulation, self-advocacy, and sense of belonging; however, these interventions are frequently adapted from neurotypical models and may not sufficiently account for neurodivergent communication styles, sensory processing differences, or social fatigue. This presentation describes a structured, neurodiversity-affirming support model implemented within a university-based program for neurodivergent students. The model integrates mindfulness practices, explicitly scaffolded social support, and predictable group structure to foster psychological safety, emotional awareness, and relational connection. Mindfulness is conceptualized not as attentional suppression or emotional control, but as an adaptive skill for noticing internal states, sensory needs, and stress responses in ways that honor neurodivergent experiences. Social support is operationalized through facilitated group dialogue, shared meaning-making, and explicit norms that reduce social ambiguity and performance pressure. Preliminary program outcomes are informed by standardized self-report measures of emotional well-being and self-esteem, alongside qualitative feedback reflecting increased self-confidence, peer connection, and coping flexibility. Findings highlight the importance of consistency, transparency, and collaborative meaning-making when implementing mindfulness and social support interventions with neurodivergent learners. This work contributes to international conversations on inclusive education by offering a replicable, neurodiversity-affirming framework that integrates mental-health support within academic environments. Implications for educators, clinicians, and program developers are discussed, with attention to culturally responsive and globally adaptable practices in institutions.

Keywords: neurodiversity, autism, higher education, mindfulness, social support, belonging, self-advocacy

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Introduction

Students entering higher education are expected to adapt quickly to academic, social, emotional, and environmental demands. These expectations can be particularly complex for neurodivergent students, including autistic students, students with attention-deficit/hyperactivity disorder, learning differences, sensory processing differences, and other forms of cognitive and developmental diversity. Although many institutions have expanded disability services and academic accommodations, neurodivergent students continue to report barriers related to social belonging, executive functioning, sensory overload, anxiety, depression, and difficulty accessing support that meaningfully reflects their lived experiences.

Traditional models of support in higher education often emphasize academic accommodations, such as extended testing time, note-taking assistance, or reduced-distraction testing environments. While these accommodations are important, they may not fully address the broader emotional and relational conditions that shape student success. For many neurodivergent students, the college transition involves not only academic adjustment but also navigation of unfamiliar social expectations, unstructured time, unclear communication norms, and environments that may be sensory overwhelming or socially exhausting. As a result, neurodivergent students may experience significant stress even when they are academically capable and motivated.

A neurodiversity-affirming approach offers an alternative framework for understanding these challenges. Rather than locating difficulty solely within the student, this approach examines the interaction between the student and the environment. From this perspective, anxiety, isolation, or reduced participation may not reflect a lack of motivation or social interest, but rather the cumulative impact of inaccessible environments, ambiguous expectations, masking demands, and limited opportunities for authentic peer connection. Neurodiversity-affirming higher education programs therefore aim not to normalize neurodivergent students but to create conditions in which students can understand their needs, advocate for support, and participate in ways that honor their communication styles, sensory profiles, and identities.

This paper describes a structured support model that integrates mindfulness practices and scaffolded social support within a neurodiversity-affirming higher education program. The model frames mindfulness not as a tool for emotional suppression or behavioral compliance, but as a practice of adaptive awareness. Students are invited to notice internal states, sensory needs, stress signals, and boundaries in ways that support self-understanding and self-advocacy. Social support is similarly structured to reduce ambiguity and performance pressure through predictable routines, facilitated dialogue, explicit group norms, and multiple modes of participation. Together, these practices aim to foster emotional well-being, self-esteem, coping flexibility, and belonging among neurodivergent college students.

Neurodivergent Students in Higher Education

The growing presence of neurodivergent students in higher education has increased the need for campus programs that address both academic access and psychosocial well-being. Research on autistic students in college and university settings has identified several recurring challenges, including transition stress, limited social support, co-occurring mental health concerns, disclosure concerns, and difficulty navigating institutional systems. Cai and Richdale (2016), for example, found that autistic students often reported being more supported

academically than socially, suggesting that institutional support structures may overlook the relational and emotional dimensions of student success.

Similarly, Van Hees et al. (2015) found that students with autism spectrum disorder described both benefits and challenges in higher education, including opportunities for independence and intellectual growth as well as difficulty with social integration, planning, disclosure, and mental health. These findings suggest that higher education can be both empowering and demanding for neurodivergent students. Students may thrive when they have access to meaningful academic opportunities, yet struggle when expected to navigate unclear expectations, sensory demands, and social environments without sufficient support.

Mental health is a central concern in this context. Neurodivergent students may experience anxiety and depression related to academic pressure, loneliness, identity-based stigma, and the effort required to mask or camouflage their needs. Masking may allow students to appear outwardly successful while internally experiencing exhaustion, disconnection, or distress. In higher education settings that reward independence, social fluency, and rapid adaptation, neurodivergent students may feel pressure to conceal differences rather than seek support. This can contribute to isolation and reduce opportunities for authentic peer connection.

Belonging is therefore a critical outcome for neurodiversity-affirming higher education programs. A student's ability to remain enrolled, engage academically, and develop confidence is shaped not only by grades or accommodations, but also by whether the student feels understood, valued, and connected. Pesonen et al. (2023) emphasized the importance of examining autistic students' sense of belonging through a socio-political lens, highlighting that belonging is not merely an individual feeling but is shaped by institutional practices, social norms, and power. In this sense, programs that support neurodivergent students must address the environment as much as the individual.

Neurodiversity-Affirming Practice

A neurodiversity-affirming framework recognizes neurological differences as part of natural human variation while also acknowledging that neurodivergent people may experience disability, distress, and support needs. This distinction is important. Neurodiversity-affirming practice does not deny impairment or minimize student struggles. Rather, it resists the assumption that neurodivergent students should be helped only by becoming more neurotypical in their behavior, communication, or emotional expression.

Kapp et al. (2013) described neurodiversity as an approach that challenges deficit-only interpretations of autism and other forms of neurological difference. Dwyer (2022) further clarified that neurodiversity approaches have implications for research, education, and practice because they shift attention toward acceptance, access, and the social conditions that shape disability. In higher education, this means designing support models that value student agency, respect different communication styles, and avoid framing differences as a problem to be corrected.

Language is a key part of this framework. Bottema-Beutel et al. (2021) argued that autism research and practice can unintentionally reproduce ableist assumptions through language that frames autistic people as burdens, deficits, or problems to be solved. A neurodiversity-affirming paper, program, or intervention should therefore use respectful language, avoid pathologizing descriptions, and prioritize the perspectives of neurodivergent people

themselves. This includes recognizing that some individuals prefer identity-first language, such as “autistic student,” while others may prefer person-first language, such as “student with autism.” Programs should remain responsive to individual and community preferences rather than imposing a single linguistic standard.

The double empathy problem also informs neurodiversity-affirming practice. Milton (2012) proposed that social misunderstanding between autistic and non-autistic people is not simply the result of autistic social deficit, but rather a mutual difficulty arising from differences in experience, communication, and interpretation. Milton et al. (2022) later reflected on the importance of this concept for rethinking autism, communication, and support. In higher education programs, this means that social support should not be designed only to teach neurodivergent students to conform to neurotypical expectations. Instead, programs should create shared spaces where communication norms are made explicit, multiple forms of participation are accepted, and all participants are encouraged to engage in mutual understanding.

Mindfulness as Adaptive Awareness

Mindfulness is often described as the practice of paying attention to present-moment experience with openness and nonjudgment. In college settings, mindfulness-based practices are commonly used to reduce stress, improve emotional regulation, and support student well-being. However, when mindfulness is introduced to neurodivergent students without adaptation, it may unintentionally reproduce neurotypical assumptions about attention, stillness, body awareness, and emotional expression.

For example, some students may find extended silence uncomfortable, sitting still dysregulating, body scans confusing, or closed-eye exercises unsafe. Some neurodivergent students may experience alexithymia or difficulty identifying and describing emotions, making emotion-labeling exercises challenging. Others may have heightened sensory awareness and may become more distressed when asked to focus on internal sensations without sufficient grounding. Therefore, mindfulness practices must be adapted carefully to avoid increasing distress or creating another context in which students feel they are performing incorrectly. For students who experience alexithymia, virtual participation through Zoom may provide an additional scaffold for emotional awareness. Zoom-based mindfulness practices can incorporate written prompts, visual emotion charts, chat-based responses, private reflection, and additional processing time before students are asked to identify or describe internal states. In addition, the virtual environment affords students greater control over their sensory and social experience. Participants may choose to mute themselves, engage in self-regulatory behaviors such as stimming, or move freely without concern that these behaviors will distract others or draw unwanted attention. This flexibility can reduce social pressure while promoting authentic participation and inclusion, allowing students to regulate themselves in ways that may not feel feasible in traditional face-to-face settings. These features may reduce the pressure to immediately verbalize emotions and allow students to approach emotional awareness through multiple pathways, including body sensations, sensory cues, energy levels, images, or written language. In this way, Zoom can function not merely as a delivery format, but as an accessibility tool that supports students who may find face-to-face emotional expression difficult or overwhelming while also providing a more sensory-affirming and neurodiversity-affirming environment.

Research suggests that mindfulness-based interventions may be promising for autistic individuals when adapted appropriately. Spek et al. (2013) conducted a randomized controlled trial of mindfulness-based therapy with adults on the autism spectrum and found reductions in depression, anxiety, and rumination, along with increases in positive affect. Braden et al. (2022) also examined mindfulness-based stress reduction with autistic adults and reported potential quality-of-life benefits. A recent systematic review by Simione et al. (2024) similarly identified mindfulness-based interventions as a growing area of interest for autistic populations, while also highlighting the need for careful adaptation and further research.

In the model described in this paper, mindfulness is conceptualized as adaptive awareness rather than attentional control. The purpose is not to make students calmer, quieter, or more compliant. Instead, mindfulness is used to help students notice stress signals, identify sensory thresholds, recognize emotional shifts, and develop language for support needs. Practices are brief, concrete, optional, and choice-based. Students may participate with eyes open or closed, seated or moving, verbally or silently, individually or in group reflection. They are reminded that there is no single correct way to engage in mindfulness. When sessions are delivered through Zoom, these mindfulness practices can be further adapted to support students with alexithymia. Facilitators may use screen-shared emotion wheels, sensory checklists, polls, chat responses, or private journaling prompts to help students identify internal states without requiring immediate verbal disclosure. For example, students may be invited to select from categories such as “low energy,” “overstimulated,” “uncertain,” “focused,” or “need a break” rather than being asked to name a specific emotion. This structure supports emotional literacy while avoiding the assumption that all students can easily translate internal experience into verbal emotion labels.

Examples of neurodiversity-affirming mindfulness practices include sensory check-ins, grounding with objects, mapping personal stress cues, noticing energy levels, identifying environmental triggers, and reflecting on what the body or mind may need in a given moment. A facilitator might ask, “What is one signal that tells you that you are becoming overwhelmed?” or “What kind of environment helps you feel more regulated?” These prompts move mindfulness away from abstract instruction and toward practical self-understanding.

This reframing is especially important in higher education. Students are often encouraged to push through stress, ignore sensory discomfort, or remain productive despite exhaustion. For neurodivergent students, mindfulness can become a way to interrupt this pattern by legitimizing internal experience. When students learn to notice their needs without judgment, they may become better able to request accommodations, set boundaries, use coping strategies, and recognize when an environment needs to be changed rather than endured.

Social Support as Structured Belonging

Social support is a well-established protective factor in mental health and stress adaptation. Cohen and Wills (1985) proposed that social support can buffer the negative impact of stress by providing emotional, informational, and practical resources. In college populations, social support has also been associated with better mental health and adjustment. Hefner and Eisenberg (2009) found that social support is an important factor in college student mental health, particularly in relation to depressive symptoms and perceived isolation.

For neurodivergent students, however, access to social support may be complicated by sensory stress, social ambiguity, fear of rejection, masking, and previous experiences of exclusion.

Many neurodivergent students want connection but may find typical social settings overwhelming or unclear. Informal socializing may require rapid conversational processing, interpretation of implicit norms, tolerance of unpredictable sensory input, and sustained performance of neurotypical social behavior. As a result, students may withdraw not because they lack interest in connection, but because available social environments are inaccessible.

Structured peer support can address this barrier by making connection more predictable and less performative. Hillier et al. (2018) evaluated a support group model for university students with autism spectrum disorder and found improvements in psychological and functional outcomes, including reductions in loneliness and anxiety and increases in self-esteem. Their findings support the value of structured group-based programs that address the social, emotional, and practical needs of autistic students in higher education.

In the model described here, social support is operationalized through facilitated group dialogue, explicit norms, and shared meaning-making. Group facilitators do not assume that students will naturally connect simply by being placed in the same room. Instead, the group environment is intentionally structured to reduce uncertainty. Sessions begin with a predictable opening, include a clear agenda, offer multiple ways to participate, and end with a consistent closing routine. Students are told what to expect, how long each activity will last, and what forms of participation are acceptable.

Explicit norms are central to this process. These may include permission to pass, permission to use written responses, permission to step out, respect for different communication styles, confidentiality, and recognition that silence can be a valid form of participation. These norms reduce pressure and help students engage at their own pace. They also communicate that belonging does not require constant verbal participation, eye contact, or social performance.

Peer normalization is another important mechanism. When students hear others describe similar experiences with sensory overload, executive functioning, loneliness, academic pressure, or masking, they may feel less alone and less defective. Shared meaning-making allows students to reinterpret experiences that may previously have been understood only as personal failures. For example, a student who struggles to attend loud social events may begin to understand this not as social inadequacy, but as a sensory and energy-management issue that can be planned for with greater self-compassion.

Program Model

The proposed support model includes three integrated components: predictable group structure, neurodiversity-affirming mindfulness, and scaffolded social support. These components are designed to work together to foster psychological safety, emotional awareness, self-advocacy, and relational connection.

Predictable Group Structure

Predictability is a foundational access feature. Each session follows a consistent structure: welcome, agenda review, brief check-in, mindfulness or grounding practice, facilitated discussion, strategy-building, reflection, and closing. This format helps reduce uncertainty and allows students to prepare cognitively and emotionally for participation. Predictability is especially important for students who experience anxiety related to transitions, ambiguity, or unexpected social demands.

The facilitator also previews the purpose of each activity. For example, before a mindfulness exercise, the facilitator explains what will happen, how long it will last, and how students may modify or opt out of the practice. Before a discussion, the facilitator may provide sample responses, written prompts, or time for individual reflection. These scaffolds reduce performance pressure and make participation more accessible.

Neurodiversity-Affirming Mindfulness

Mindfulness practices are brief, concrete, and choice-based. Rather than requiring students to sit still or focus on breathing in a prescribed way, students are offered multiple options. A grounding exercise may include noticing objects in the room, feeling one's feet on the floor, using a sensory item, stretching, or identifying one environmental factor that feels supportive or stressful. Students may share reflections verbally, write them privately, or simply observe.

The content of mindfulness practices emphasizes noticing needs rather than controlling emotions. Students are encouraged to ask: What am I noticing in my body? What is my energy level? What sensory input is affecting me? What kind of support would help right now? What boundary might I need? These questions support emotional awareness, interoceptive reflection, and self-advocacy.

Scaffolded Social Support

Social support is built through facilitated dialogue and shared reflection. Topics may include transition to college, managing sensory overload, navigating group projects, communicating with professors, coping with burnout, understanding masking, building friendships, and asking for help. Discussions are structured with clear prompts and flexible participation options.

Students are also invited to share strategies with one another. This peer exchange positions students as knowledge-holders rather than passive recipients of services. A student who has developed a helpful routine for managing executive functioning, for example, may offer practical insight to peers. Another student may share language they used to request accommodations or explain sensory needs. These exchanges strengthen peer connection while validating neurodivergent expertise.

Evaluation Approach

A mixed-methods evaluation approach is appropriate for examining the impact of this model. Quantitative measures may include self-report assessments of emotional well-being, self-esteem, loneliness, anxiety, belonging, or coping. The Warwick-Edinburgh Mental Well-being Scale may be used to assess positive mental well-being, while the Rosenberg Self-Esteem Scale may be used to assess global self-esteem. Depending on program goals, additional measures of anxiety, depression, loneliness, or campus belonging may also be included.

Qualitative data are equally important because standardized measures may not fully capture the lived experiences of neurodivergent students. Open-ended survey responses, reflection prompts, focus groups, and facilitator observations can provide insight into how students experience the group. Qualitative feedback may identify themes such as feeling understood, increased confidence, improved coping flexibility, greater willingness to seek support, or reduced shame related to neurodivergent needs.

For the present program model, preliminary outcomes are informed by standardized self-report measures of emotional well-being and self-esteem, alongside qualitative feedback from student participants. Given the exploratory nature of the evaluation, findings should be interpreted cautiously. Small sample sizes, self-selection, lack of randomization, and reliance on self-report may limit generalizability. However, preliminary findings can still provide valuable practice-based evidence and guide future program development.

Preliminary Outcomes

Preliminary program feedback suggests that students experienced the group as a supportive and validating environment for discussing stress, sensory needs, academic challenges, and social connection. Students described benefits related to increased self-confidence, greater awareness of emotional and sensory states, and improved ability to identify coping strategies. Qualitative feedback also reflected the importance of peer connection, particularly the experience of being understood by others with similar experiences.

Students appeared to benefit from the predictable structure of the group. The consistent format reduced uncertainty and allowed students to anticipate what would happen in each session. This structure may have contributed to psychological safety by decreasing ambiguity and allowing students to engage without needing to constantly interpret changing social expectations.

Mindfulness practices were most useful when they were concrete, brief, and flexible. Students responded positively to practices that allowed them to notice sensory needs, identify stress signals, and choose regulation strategies. This suggests that mindfulness may be more accessible for neurodivergent students when it is framed as self-awareness and self-advocacy rather than emotional control.

Peer dialogue also emerged as a central feature of the model. Students benefited from hearing that others shared similar experiences with overwhelm, masking, social fatigue, and academic stress. These conversations helped normalize student experiences and created opportunities for shared problem-solving. The group therefore functioned not only as a coping-skills intervention but also as a space for identity affirmation and relational belonging.

Discussion

The model described in this paper contributes to inclusive higher education by reframing mindfulness and social support as neurodiversity-affirming practices. Rather than using mindfulness to encourage students to suppress distress or conform to neurotypical expectations, the model uses mindfulness to support awareness of internal states, sensory needs, and boundaries. Rather than treating social support as informal socialization, the model structures peer connection through explicit norms, predictable routines, and facilitated dialogue.

This distinction matters because neurodivergent students are often asked to adapt to inaccessible environments without sufficient institutional change. A student experiencing sensory overload may be encouraged to “cope better” without attention to environmental design. A student experiencing loneliness may be encouraged to “join clubs” without recognition that typical social settings may be ambiguous, exhausting, or exclusionary. A neurodiversity-affirming model avoids placing sole responsibility on the student and instead creates supportive conditions in which students can participate authentically.

The integration of mindfulness and social support is especially promising because these practices address different but related dimensions of student well-being. Mindfulness supports self-awareness, regulation, and self-advocacy. Social support addresses isolation, belonging, and shared meaning-making. Together, they help students recognize their own needs while also experiencing connection with others. This combination may be particularly valuable in higher education, where students are navigating both internal stress and external social demands.

The model also aligns with broader movements toward inclusive pedagogy and universal design. Predictability, transparency, flexible participation, and multiple modes of communication benefit neurodivergent students while also improving accessibility for many learners. These practices reduce unnecessary cognitive and social load, clarify expectations, and communicate respect for diverse ways of engaging.

Implications for Educators, Clinicians, and Program Developers

Educators can apply this model by creating classrooms that include predictable routines, explicit expectations, and flexible participation options. For example, faculty can provide agendas, offer discussion questions in advance, allow written or chat-based participation, and avoid assuming that verbal participation is the only indicator of engagement. These practices support neurodivergent students while also benefiting students with anxiety, language differences, trauma histories, or other access needs. Virtual platforms such as Zoom may also expand accessibility when used intentionally. Features such as chat, captions, screen sharing, polls, reactions, and camera-optional participation can reduce social pressure and create multiple pathways for engagement. For students with alexithymia, these tools may be particularly helpful because they allow students to respond through written language, visual cues, or structured options rather than relying only on spontaneous verbal emotion identification. Educators and clinicians should therefore consider virtual participation not only as a convenience, but as a potential accommodation that can support emotional awareness, communication, and belonging.

Clinicians and counselors working in higher education can adapt mindfulness-based practices by making them concrete, sensory-aware, and choice-based. Rather than beginning with abstract instructions to focus on the breath, clinicians might invite students to identify environmental stressors, notice energy levels, or develop personalized grounding plans. Clinicians should also assess whether mindfulness practices are experienced as calming, neutral, confusing, or distressing, and should modify practices accordingly.

Program developers can use this model to design group-based supports that foster belonging without requiring neurotypical social performance. Programs should include student input, transparent norms, flexible attendance expectations, and options for both verbal and nonverbal participation. Facilitators should be trained in neurodiversity-affirming language, sensory access, trauma-informed practice, and collaborative group facilitation.

Cultural responsiveness is also essential. Neurodivergent students' experiences are shaped by culture, race, gender, language, socioeconomic status, family expectations, and local disability norms. In some cultural contexts, disclosure of disability or mental health concerns may carry significant stigma. In others, family involvement may be central to student support. A globally adaptable model should therefore avoid assuming that one form of participation, identity language, or peer support structure will fit all students. Instead, programs should be developed collaboratively with students and adapted to local institutional and cultural contexts.

Limitations and Future Directions

The present paper describes a preliminary program model and should be interpreted as practice-based and exploratory. Future research should examine the effectiveness of neurodiversity-affirming mindfulness and social support programs using larger samples, longitudinal designs, and comparison groups. Studies should also examine which components of the model are most effective for different students. For example, some students may benefit most from predictable structure, while others may benefit most from peer connection, sensory awareness, or self-advocacy practice.

Future evaluation should also include student-led research methods. Neurodivergent students should be involved in designing, implementing, and interpreting program evaluation. Their perspectives are essential for determining whether a program is truly affirming or merely inclusive in language. Participatory approaches can help ensure that program goals reflect student priorities rather than institutional assumptions.

Additional research is also needed on culturally responsive adaptations. Much of the existing literature on autism, mindfulness, and higher education comes from Western contexts. Internationally oriented work should examine how neurodiversity-affirming practices can be adapted across different educational systems, cultural expectations, disability policies, and mental health frameworks.

Conclusion

Neurodivergent students deserve higher education environments that support not only academic achievement but also emotional well-being, self-understanding, and belonging. Mindfulness and social support can contribute to these goals when they are implemented through a neurodiversity-affirming framework. In this model, mindfulness is not a tool for normalization or emotional suppression, but a practice of adaptive awareness. Social support is not left to chance, but is intentionally scaffolded through predictable structure, explicit norms, and multiple forms of participation.

Preliminary program outcomes suggest that students may experience increased confidence, peer connection, coping flexibility, and awareness of emotional and sensory needs when mindfulness and social support are embedded in consistent, transparent, and affirming environments. These findings support the continued development of higher education programs that honor neurodivergent experience and shift responsibility for inclusion from individual students to the broader educational community.

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