According to estimates from the Centers for Disease Control and Prevention’s Autism and Developmental Disabilities Monitoring Network, one in every 68 children in the United States carries the diagnosis of an autism spectrum disorder (ASD) (Baio, 2014). The diagnostic category of ASD is composed of a group of neurodevelopmental disorders marked by limitations in social interaction and verbal and nonverbal communication and by restricted or repetitive stereotyped behaviors, with limited interests and activities (American Psychiatric Association, 2013). ASD is reported to occur in all racial, ethnic, and socioeconomic groups, yet on average is four to five times more likely to occur in boys than in girls (Autism Speaks, 2013).

As the prevalence of autism has risen, so has health care utilization by this population, because individuals with autism, like others with developmental disabilities, are growing older, are living longer, and are acquiring many of the health concerns of the typical aging population (Drum, Krahn, Peterson, Horner-Johnson, & Newton, 2009; Henry, Long-Bellil, Zhang, & Himmelstein, 2011; Smith et al., 2010). As this patient demographic grows older, the demand for medical care is likely to further increase. Hospitals and medical providers need to be responsive to the needs of adults with autism, including, but not limited to, the development of patient-specific care plans.

LITERATURE REVIEW

It is generally understood that clear, concise, effective communication between patient and physician or staff is key to effective, quality, patient-centered care (Epstein & Street, 2007). In most hospitals, however, approaches to patient-centered care are based on aggregated preference rather than on individualized patient needs. The characterization of general beliefs and preferences can alienate those whose needs and preferences do not align with the majority and reflects a weakness in this approach. It is important that hospitals and health care systems use patient-centered strategies to reach populations that may not understand standard verbal communication, as is the case with some individuals with autism. These populations also include patients with communication disorders, limited proficiency in English, limited health literacy, and cultural backgrounds that are not well understood by health care staff and physicians (Wynia & Matias, 2006).

Cultural competence for health care staff and physicians generally does not include education regarding the perspective of individuals with ASD, and the heterogeneity of this diagnostic category complicates any effort at making comparisons between and within groups of individuals with autism. An assessment of the patient’s primary mode of communication as well as an evaluation of the social, pragmatic, and sensory needs of patients with autism are critical to a comprehensive evaluation. There is no one phenotypic presentation of autism, and the importance of using a patient-centered communication care model is paramount.

Kopecky, Broder-Fingert, Iannuzzi, and Connors (2013) reported that assessment of the communication strategies used by individuals with autism is a critical component of a patient-centered care plan during a hospital stay. The hospital-based social worker can play a key role as a facilitator in the implementation of a patient-centered care plan by evaluating the psychosocial needs, including communication methods, sensory processing, and behavioral self-regulation capacities of the patient with autism.
CONCEPTUAL FRAMEWORK
The conceptual framework for the following discussion is the use of a disability interpretive lens for the nonmedical needs of individuals with autism when receiving health care in a hospital-based setting. Applying a disability interpretive lens to a patient with autism who has been hospitalized provides a framework to begin to discuss the ways in which the hospital environment is not well suited to the sensitivities and challenges of those living with a disability. A disability interpretive lens is best described as a stance that acknowledges difference as a way of being rather than as a defect (Creswell, 2013). An individual with autism may have sensory sensitivities; addressing these sensitivities appropriately can significantly decrease the level of distress experienced by an individual during a hospitalization.

Autism can be viewed as a social construct, used to characterize multiple dimensions of human difference (Kreck, 2013). Challenges in the realm of communication are often at the core of an individual’s experience on the autism spectrum. Effective communication between patient and provider is a key element in providing patient-centered care regardless of clinical presentation. The framework of patient-centered cancer care is organized around six core functions of patient–physician communication: (1) fostering healing relationships, (2) exchanging information, (3) responding to emotions, (4) managing uncertainty, (5) making decisions, and (6) enabling patient self-management (Epstein & Street, 2007). All of these components are key to delivering quality health care regardless of the patient’s diagnosis.

APPLICATION OF EFFECTIVE PATIENT-CENTERED CARE
Effective models of patient-centered care must take into account all aspects of communication and sensory processing differences present in an individual with autism. Wynia and Matiasek (2006) proposed the following as key practice priorities in the domain of patient-centered communication:

- Encourage passionate champions throughout an organization.
- Collect information to demonstrate needs.
- Engage communities.
- Develop workforce diversity and communication skills.
- Involve patients every step of the way.
- Be aware of cultural diversity.

Kopecky and colleagues (2013) evaluated parent or guardian reports of their children’s needs in anticipation of a hospital stay. The results of the study highlighted the importance of four core domains: (1) expressive language, (2) receptive language, (3) social pragmatics, and (4) sensory processing. Kopecky et al. (2013) incorporated several of the domains of effective patient-centered communication into the study design and analysis, collecting information to demonstrate need, engaging community, involving patients every step of the way, and being aware of the level of health literacy.

ROLE OF THE HOSPITAL-BASED SOCIAL WORKER
The hospital-based social worker is the one member of the health care team whose training in systems theory positions him or her to act as a leader in the implementation of a patient-centered communication plan. Recognition of autism as a disorder that affects an individual’s ability to successfully negotiate one’s environment is important for all health care workers, including social workers. Social workers are trained to recognize and acknowledge all the psychosocial complexities of life for individuals living with disability. Hospital-based social workers have a depth of understanding of the person–in–environment perspective that gives them the critical skills that are needed to coordinate interdisciplinary collaboration. The hospital-based social worker has the capacity to ensure that each patient’s individualized needs are documented and that all staff working with the patient are aware of specific patient needs.

In many medical centers, hospital social workers are not viewed as integral members of the care team and are often underutilized, being involved only in discharge planning. Social workers have specialized training to address an individual’s needs from a biopsychosocial perspective. It is important for medical social workers to step into the role of ensuring that a patient-specific communication and care plan be implemented. The hospital-based social worker can oversee training of interdisciplinary staff on some of the most common challenges that individuals with autism face when they are in the hospital.
Several of the challenges that individuals with autism face while in the hospital can be addressed by making small modifications in how physicians and staff approach and communicate with a child or adult with autism. The hospital-based social worker can take a lead in collaboration with the patient’s family or guardian in an effort to recognize how the family or guardian can provide critical information regarding patient-specific needs that can be used in the development of a patient-specific care plan. The care plan can include questions regarding a patient’s means of communication (including the use of an augmentative communication system or use of signs or gestures), sensory sensitivities and aversions, food preferences, as well as questions related to regulation of mood and behavior. Often, small modifications (for example, dimmed lighting in room, ensuring a private room, or limiting the number of people in the room at one time) can have an enormous impact on the quality of care delivered to the individual with autism. The hospital-based social worker can be instrumental in ensuring that all members of a treatment team are aware of any of the specific needs or sensitivities of a patient with autism. If everyone who has any contact with the patient is made aware of these special considerations, a significant difference could be made in the experience of being in the hospital for the individual with autism.

Many of the difficulties associated with providing care to an individual with autism are in the realm of effective communication. The hospital-based social worker can actively collaborate with the speech-language pathologist to ensure that all members of the treatment team are aware of the communication modalities that a patient with autism may use other than spoken language. The occupational therapist must also be consulted in an effort to address any of the unique sensory needs that a patient with autism may be coping with. The hospital-based social worker can act as the hub of the wheel of interdisciplinary care by acting as a coordinator of care between and across clinical disciplines.

**DISCUSSION**

Hospitalized patients with autism have many challenges that need to be recognized and understood if hospitals are to provide optimal individualized medical care to patients. An assessment of the communication needs and sensory differences unique to each individual is essential in the development of an appropriate inpatient care plan. For any patient, the hospital is an environment with unique sounds, smells, visual stimuli, and tactile experiences that can be extremely distressing. All of these factors can increase levels of anxiety and discomfort for patients with autism during a hospital stay.

The hospital-based social worker can assume a leadership role in both the development and the implementation of a patient-specific care plan. Training that focuses on development of core competencies in working with individuals with autism should be available to all interdisciplinary staff within a medical setting. As the prevalence of autism continues to climb, the need for training specific to meeting the nonmedical needs of this patient demographic is of growing importance. Collaboration among physicians, nurses, speech-language pathologists, occupational therapists, physical therapists, and social workers with family members and other caregivers is crucial, especially when an individual is nonverbal (Looman & Lindeke, 2008). Collecting and using information from these interactions in an effort to create a care plan can provide more efficient and individualized care (Bultas, 2011; Gabriels et al., 2012) and is likely to increase patient and caregiver satisfaction.

Hospital-based social workers working within large medical centers are often not recognized by physicians and other allied health professionals as a resource for managing effective communication between patient and staff. Once trained in the use of a care plan, social work staff can then train other staff and assume a leadership role in the initiative of patient–centered care plans for individuals with autism. All staff involved in caring for the patient must be trained to respect the specific communication needs of patients with communication, cognitive, and sensory challenges often associated with a diagnosis of an ASD. Cultural competence in the area of communication and sensory needs of individuals with autism needs to be addressed in a systematic and comprehensive way in an effort to increase the quality of health care delivery across this growing patient demographic.

**REFERENCES**


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