Communication is a bridge — and every patient interaction has the potential to create access, build trust, and change outcomes.

Photo: Personal collection of Dr. Hoffmann-Eubanks.

A Neuro-Affirming Approach to Autism Care in Community Pharmacy

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Autism Society of America | IPhA Annual Meeting 2026

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Disclosures and Conflicts of Interest ✓

Dr. Brittany Hoffmann-Eubanks, PharmD, MBA, declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Disclosure of AI Use

Artificial Intelligence (AI) was used June – Aug 2026 in the development of this presentation, as disclosed below:

- Claude Sonnet 5.0 for slide development, design, and case development
- ChatGPT 4 for image creation

All AI generated content was reviewed and edited by the presenter and the presenter attests to the accuracy of the content.

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A Note on Language

IDENTITY-FIRST LANGUAGE	PERSON-FIRST LANGUAGE
"Autistic person"	**"Person with Autism"**
✓ Used in this presentation	Also used by some

This is my personal preference and preferred by many within the Autistic community

Best Practice is to always follow the individual's preference

Taboas A, Doepke K, Zimmerman C. Autism. 2023;27(2):565-570.

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Learning Objectives

At the conclusion of this program, participants (pharmacists and pharmacy technicians) will be able to:

1. Describe Autism Spectrum Disorder, its prevalence, and common support needs of Autistic patients
2. Define neuro-affirming care and its role in patient-centered pharmacy care
3. Implement practical neuro-affirming strategies to enhance pharmacy interactions

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Question 1

PRE-TEST

Which of the following best describes Autism Spectrum Disorder (ASD)?

A. A childhood-onset condition caused by genetic mutations that resolves with appropriate behavioral intervention
B. A neurodevelopmental condition characterized by differences in social communication, sensory processing, and patterns of behavior
C. A psychiatric disorder primarily characterized by intellectual disability and language delays
D. A spectrum of social and emotional disorders that can be diagnosed through neuroimaging

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Question 2

PRE-TEST

The rising prevalence of Autism diagnoses in the United States is best described as an epidemic.

A. True
B. False

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Question 3

PRE-TEST

Which of the following best reflects a neuro-affirming approach to pharmacy care?

A. Assuming all Autistic patients prefer written materials over verbal counseling to reduce sensory overload
B. Directing all counseling questions to the caregiver to ensure accurate medication information is conveyed
C. Limiting the interaction to essential information only to avoid overwhelming the patient
D. Using clear, direct language, allowing extra processing time, and asking the patient how they prefer to communicate

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Question 4

PRE-TEST

Jamie is an Autistic patient who has been picking up medications at your pharmacy for two years. Their refill is due but requires a prior authorization. Which of the following strategies is the most neuro-affirming?

A. Contact the prescriber directly to resolve the PA without involving Jamie, to minimize disruption to their routine
B. Place a note in the system and wait for Jamie to call when they notice the prescription isn't ready
C. Proactively call Jamie or their caregiver to explain the situation, what to expect, and offer to help facilitate outreach to the prescriber
D. Send an automated refill notification through the pharmacy app and include instructions for contacting the prescriber

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Autism Overview

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Autism Spectrum Disorder (ASD)

What is ASD?

According to the DSM-5, ASD is a neurodevelopmental condition frequently characterized by differences in social communication, sensory processing, and restricted, repetitive patterns of behavior, interests, or activities.

"If you've met one Autistic person, you've met one Autistic person."

American Psychiatric Association. DSM-5. Arlington: American Psychiatric Publishing, 2013. Woods SEO, Estes A. *Front Psychiatry*. 2023;14:1264516.

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What ASD Isn't

Often Said	A More Accurate View
"Autism is a disease"	ASD is a neurodevelopmental difference, not an illness — it isn't "caught" or "cured"
"Rising numbers mean an epidemic"	The increase is multifactorial — reflecting broader diagnostic criteria, increased awareness, and expanded screening
"It's caused by vaccines or parenting"	Extensive peer-reviewed research has found no credible evidence of a causal link between vaccines and ASD
"Autistic people are all alike"	ASD is a broad spectrum — presentation, support needs, and strengths vary widely person to person

Hodges H, Fealko C, Soares N. *Transl Pediatr*. 2020;9(Suppl 1):S55-S65.
American Academy of Pediatrics. https://www.aap.org/en/news-room/fact-checked/fact-checked-vaccines-safe-and-effect-no-link-to-autism/

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A Brief History of Autism Diagnosis

Pre-1943	1943 -1979	1980	1994	2013	Today
No Distinct Category	Kanner & Rutter	DSM-III Entry	DSM-IV Expansion	DSM-5: One Spectrum	Growing Awareness
Bleuler: Autism is a symptom of schizophrenia **Sukhareva:** Autism description overlooked	**Kanner:** early infantile Autism **Rutter:** first genetic study; discredited "refrigerator mothers" (1977)	**First time ever:** Infantile Autism separated from childhood schizophrenia **DSM-III-R:** included **PDD-NOS:** too broad	Increased alignment with ICD-10 **Inclusion of Asperger's**	Diagnoses unified into a single Autism Spectrum Disorder	**Expanded screening, awareness, diagnosis, and clinician training**

Key takeaway: **broader criteria + more awareness = more diagnoses, not an epidemic. Autism has always been part of human diversity.**

Hodges H, et al. Transl Pediatr. 2020;9(Suppl 1):S55-S65. Lang HM. *Health Care Analysis*. 2025;33:337-348.
Rosen NE, et al. *J Autism Dev Disord* (2021) 51:4253–4270

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Autism Prevalence: Autism Developmental Disabilities Monitoring (ADDM) Network

1 in 31
Diagnosed by age 8

1:19 - 1:103
Range across ADDM sites

3.4×
Boys diagnosed vs girls

39.6%
Co-occurring intellectual disability

Shaw KA, et al. MMWR Surveill Summ. 2025;74(SS-2):1-22.

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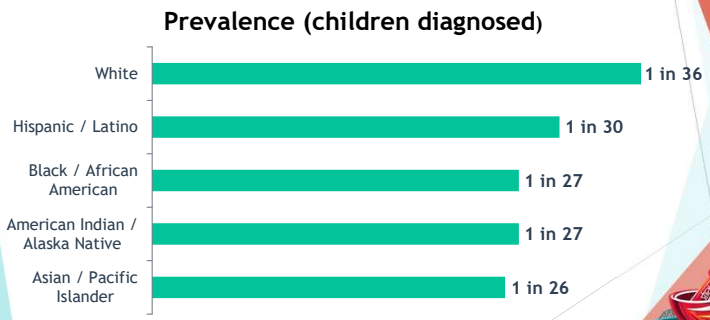
Prevalence: Racial & Ethnic Disparities



Shaw KA, Williams S, Patrick ME, et al. MMWR Surveill Summ. 2025;74(SS-2):1-22.

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Why This Matters to Community Pharmacy

Frequent Touchpoints
Prescriptions, vaccinations, other services and counseling create repeat opportunities for trust-building

Low-Barrier Access
Pharmacies are widely available in most areas nationwide, often with same-day pharmacist access

Lifelong Relationships
Potential to see the same pharmacy team for years, helping build continuity of care

Berenbrok LA, et al., *J Am Pharm Assoc* (2003). 2022 Nov-Dec;62(6):1816-1822.e2.

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Visual Activity

Ask yourself: What do I notice first? What words come to mind? How does this image make me feel?

Photo Source: OpenAI. Generated June 2026 using ChatGPT.

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Why Words Matter

A Story from My BLS Training

"Alien babies, so, we'll just call them special needs."

Difference is not Deficiency

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Importance of Neuro-Affirming Care

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The Education Gap: What Pharmacists Know

32%
Of pharmacists did not believe genetics play a major role in ASD etiology

>18%
Believed vaccines can cause Autism — a persistent and unproven claim

Limited
Familiarity with ASD symptoms, underlying causes, and care considerations

Limited
Awareness of community-based supports and resources for Autistic patients and families

Khanna R, Jariwala K. Res Social Adm Pharm. 2012;8(5):464-471.

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The Education Gap: Training & Guidelines

U.S. Pharmacy Curricula

≤ 1 hour of ASD-specific didactic instruction in most accredited programs

Practice Guidelines

Canada
Published guidelines (2024)

United States
Guidance remains limited

This educational gap may leave community pharmacy teams underprepared

Dopheide JA, et al. Am J Pharm Educ. 2017;81(7):5925. Kadi R, et al. Can Pharm J (Ott). 2024;157(2):58-65.

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What is Neuro-Affirming Care?

No single agreed-upon definition exists in the literature yet

Meet People Where They Are

Adapt communication, environment, and pacing to the patient

Respect Neurological Difference

Difference is not deficiency. Being Autistic does not diminish personhood

Preserve Dignity & Autonomy

Support informed decision making. Communicate directly with the Autistic patient

Lerner MD, et al. *J Consult Clin Psychol*. 2023;91(9):503-504. Wagland Z, et al. *Autism Dev Lang Impair*. 2025.

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Why Provider Behavior Matters

INTERACTIONS ACROSS THREE LEVELS SHAPED HOW AUTISTIC PATIENTS EXPERIENCED THEIR CARE

Patient Level

Communication style, sensory sensitivities, processing speed, body awareness, organization

Provider Level

THE DECIDING FACTOR

Knowledge about Autism, assumptions, accessible language, accommodations, incorporating supporters

System Level

Availability of supporters, healthcare complexity, facility accessibility, stigma about Autism

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831. Moreno-Duarte I, et al. EClinicalMedicine. 2024;76:102846

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Social Communication & Interaction Features

Literal Interpretation	Idioms, sarcasm, and figurative language ("just a second") may be taken at face value
Eye Contact	May avoid eye contact which does not generally indicate disinterest, dishonesty, or disrespect
Processing Time	May need extra time to process verbal information before responding
Repetition	May repeat words, phrases, or questions (echolalia) as a way of processing
Direct Communication	Often prefers clear, concrete, unambiguous language over small talk
Alternative Communication	Some individuals use sign language, Augmentative & Alternative Communication (AAC) devices, written communication, gestures, or vocalizations

CDC. https://www.cdc.gov/autism/signs-symptoms/index.html ; National Autistic Society. https://www.autism.org.uk/advice-and-guidance/about-autism/autism-and-communication

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Sensory Processing Features

Hypersensitivity

Bright/fluorescent lighting may feel painfully intense

Background noise (PA systems, registers) can be overwhelming

Strong smells (cleaning products, perfumes) may cause distress

Unexpected touch may feel painful or alarming

Hyposensitivity

May seek movement, fidgeting, or pacing to self-regulate

May not notice or report pain, illness, or discomfort

May be drawn to loud sounds, bright lights, or strong textures

May speak loudly or stand very close without realizing it

Chang YS, Owen JP, Desai SS, et al. PLoS One. 2014;9(7):e103038.

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Routine Features & Strengths

Routine & Predictability

Sudden changes (different pharmacist, rearranged store, new packaging) can cause significant distress

Autistic individuals often rely on consistent routines to feel safe and regulated

Transitions can require extra processing time and mental energy

Knowing what to expect reduces uncertainty and helps with preparation

Strengths to Recognize

Deep, sustained focus and attention to detail

Strong pattern recognition and memory for specifics, such as dosing schedules and routines

Honesty and directness — patients often say exactly what they mean

Loyalty and consistency once trust is established with a provider

Jenkinson R, Milne E, Thompson A. Autism. 2020;24(8):1933-1944. Woods SEO, Estes A. Front Psychiatry. 2023;14:1264516.

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Small Group Activity

THINK

2 MIN

Reflect individually about a patient interaction that went well — one where the patient felt heard, trust was built, or communication just clicked.

PAIR

3 MIN

Turn to a neighbor and discuss the strategies that help explain why that interaction worked — and how those instincts apply to neuro-affirming care.

SHARE

5 MIN

Volunteers share with the full group. We'll look for the common threads — what pharmacy teams are already doing that aligns with neuro-affirming care.

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Practical Strategies to Help Enhance Pharmacy Interactions

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Strategy 1: Mindset & Approach

Curiosity is a clinical skill.

We must move from speed to humanity — in our workflow and in every interaction.

See the Whole Person

Assume competence.
Meet stimming with a calm, respectful presence

Practice Reciprocity

Show up for the interaction — not just the transaction

Take Time to Listen

People who feel seen and heard typically tell you more

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831.

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Strategy 2: Communication Considerations

Recommended Practices	Try This Instead
Use clear and direct language	**Avoid:** "How are things going?"
Allow extra processing time	**Say:** "Have you had any side effects from this medication?"
Speak to the patient first	**Avoid:** "This will just take a sec."
Ask their preferred way to communicate	**Say:** "This will take about 2 mins."
Consider Social stories	**Avoid:** "Any questions?"
	Say: "What questions do you have about how to take this?"

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831.

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Strategy 3: Sensory & Environment Considerations

Auditory
- Lower PA & music volume
- Offer quieter pickup times
- Headphones at the counter
- Don't rush the exchange

Visual & Space
- Seating away from glare
- Clear, uncluttered counter
- Private counseling area
- "What to expect" social story

Taste & Texture
- Flavoring for pediatric doses
- Formulation options
- Administration tips
- Missed-dose guidance

Document accommodation preferences so the whole team knows

Kaundinya A, Kaku SM, *Sens Neurosci*. 2025 Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831.

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Strategy 4: Workflow & Care Navigation

Proactively Manage Prescription Issues
Call when a prior auth is needed — don't leave them to navigate it alone

Offer Guided Support
Walk through app steps, refills, and when to call the prescriber

Reduce Access Barriers
Med-sync workflows and patient assistance programs

Honor Routines & Build Trust
Keep refill schedules steady
Caregivers are partners, not substitutes

The accommodations made have the potential to raise the standard of care for all patients in your pharmacy practice

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831. Cohen AB. *Milbank Q*. 2023;101(4):1003-1008

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Case Study: Meet Marcus

THE SCENARIO

Marcus, a 24-year-old Autistic man, comes to pick up a new prescription for anxiety. It's a nice fall day and the pharmacy is busy with activity, music, and announcements every 30 minutes. He avoids eye contact, repeats his name three times when asked to verify, fidgets repetitively with his hands, and becomes visibly agitated when asked an open-ended question about "how things are going." His mother is with him and answers on his behalf.

Take a moment to picture this interaction at your own pharmacy counter.

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Full-Group Discussion: Applying the Strategies

Mindset
What assumptions might you or your team make about Marcus before he even reaches the counter?

Communication
What specific language adjustments would make this interaction more accessible for Marcus?

Autonomy
How do you ensure Marcus — not only his mother — is included as the decision-maker?

Environment
What environmental factors might be contributing to his distress, and what can you control?

Follow-Through
What can you document or flag to ensure consistency at his next visit?

Workflow
Marcus is on a new prescription for anxiety. What proactive steps could your pharmacy take?

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Open Discussion: Back to Your Practice Setting

What practice-specific challenges have you encountered with Autistic patients or caregivers?

What's one small change your pharmacy could make this month?

How can your team share what you've learned today with colleagues who couldn't attend?

What questions do you still have about implementing neuro-affirming care?

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Final Tips & Take-Home Points

Top Take-Home Points

- Difference is not deficiency — every Autistic patient's strengths and support needs are unique
- Curiosity is a clinical skill — ask, don't assume
- Small, consistent accommodations build trust that compounds over time
- Communicate directly with the Autistic patient, not only the caregiver (if present)

This Month, Try:

- Document one patient's communication or sensory preferences at drop-off
- Practice one "avoid / try this instead" phrase swap with your team
- Identify one environmental adjustment your pharmacy can make
- Share this session's key points with a colleague who couldn't attend

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Helpful Resources

ADDM Network prevalence reports: cdc.gov/ncbddd/autism/addm.html

Autism Spectrum Disorder: Practice Guidelines for Pharmacists (Canada, 2024) — Can Pharm J (Ott)

Autism Society of America: autismsociety.org

CDC — Signs and Symptoms of Autism Spectrum Disorder: cdc.gov/autism

National Autistic Society (UK) — Autism and Communication: autism.org.uk

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IN COMMUNITY PHARMACY,

trust is built one interaction at a time

Learn | **Practice** | **Connect** | **Reflect**

Thanks for attending this session to help make each one count in the care of Autistic People

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