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Comprehensive Approach to Autism Spectrum Disorder: Contributions from Nursing, Pediatric Dentistry, General Dentistry, IT, and Medical Education

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Abstract:

Autism Spectrum Disorder (ASD) presents a complex challenge that requires a multifaceted approach for effective management and support. Nurses play a vital role in providing continuous care, utilizing their specialized training to assess behavioral and developmental concerns in children. They are often the first healthcare professionals to interact with families, offering guidance and resources that can help navigate the complexities of the diagnosis. Pediatric dentists contribute significantly to the comprehensive care of children with ASD by addressing oral health issues that are common among this population, such as difficulty with dental hygiene and behavioral challenges during treatment. Their expertise helps ensure that these children receive the dental care necessary for their overall health and well-being. Moreover, general dentistry extends its role to promote preventive care and provide tailored treatment approaches that accommodate the unique needs of individuals with ASD. Information Technology (IT) plays a crucial role in this integrated model of care by facilitating communication between various healthcare providers and streamlining patient data management. Utilizing innovative telehealth solutions can enhance accessibility, allowing families to consult multiple specialists without barriers. In addition, medical education must emphasize the importance of a multidisciplinary perspective in training future healthcare professionals to prepare them for the diverse needs of patients with ASD. This comprehensive approach, which combines nursing, pediatric and general dentistry, IT solutions, and medical education, ensures that individuals with autism receive well-rounded care tailored to their specific needs.

Keywords: Autism Spectrum Disorder (ASD), Nursing, Pediatric Dentistry, General Dentistry, Interdisciplinary Care, Telehealth

Introduction

Autism Spectrum Disorder (ASD) is a heterogeneous neurodevelopmental condition with a multifactorial etiology, fundamentally characterized by persistent impairments in social communication and interaction, alongside restricted, repetitive patterns of behavior, interests, or activities. The prevalence of ASD has risen dramatically over the past two decades, with current global estimates suggesting that approximately 1 in 36 children is identified with the disorder, making it one of the most common developmental disabilities worldwide [1,2]. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the diagnostic criteria require the presence of symptoms in early childhood, although these may not become fully manifest until social demands exceed limited capacities [1]. The spectrum nature of ASD implies profound heterogeneity; while some individuals require substantial daily support, others live independently and possess above-average intellectual abilities [2].

The pathophysiology of ASD is complex and involves disruptions in synaptic development, neuronal connectivity, and neurotransmitter systems, particularly involving glutamate, GABA, and serotonin [1]. Genetic factors contribute significantly, with heritability estimated between 64% and 91%, while environmental risk factors such as advanced parental age, prenatal exposure to valproate, and perinatal complications have also been implicated [2,3]. Beyond the core symptoms, individuals with ASD frequently experience co-occurring conditions including attention-

deficit/hyperactivity disorder, anxiety, depression, epilepsy, gastrointestinal disturbances, and sleep disorders, all of which compound the need for comprehensive, multidisciplinary healthcare [1,2,3].

The complexity of ASD demands a collaborative, transdisciplinary approach that extends beyond traditional medical models to encompass nursing care, specialized dental services, innovative digital technologies, and robust medical education frameworks. This comprehensive review synthesizes the current evidence across these five critical domains, emphasizing integrated care pathways that improve health outcomes, enhance quality of life, and promote neurodiversity-affirming practices [2,3,4]. The rationale for this broad perspective lies in the recognition that individuals with ASD encounter unique barriers across every healthcare encounter, from routine physical examinations to specialized procedures, necessitating tailored interventions and highly trained professionals across all sectors [3,4].

Nursing Contributions to ASD Care

The Evolving Role of the Nurse as Coordinator and Advocate

Nurses function as the linchpin of multidisciplinary ASD care, serving not only as direct caregivers but also as care coordinators, patient advocates, and educators for families [5,6]. The nursing role extends across acute hospital settings, community health clinics, school-based health services, and long-term residential facilities. In these diverse environments, nurses bridge the communication gap between autistic individuals, their families, and other healthcare professionals, ensuring that sensory and communicative needs are explicitly addressed in all care plans [6,7]. Advocacy is particularly crucial, as individuals with ASD often struggle to articulate pain, discomfort, or emotional distress, placing the onus on nurses to recognize subtle behavioral cues that signify underlying clinical issues [5,7].

Comprehensive Assessment Using Standardized Frameworks

A robust nursing assessment forms the foundation of high-quality ASD care. The utilization of standardized assessment frameworks, such as Gordon's Functional Health Patterns, enables systematic evaluation across eleven domains, including health perception, nutritional-metabolic, elimination, activity-exercise, sleep-rest, cognitive-perceptual, self-perception, role-relationship, sexuality-reproductive, coping-stress, and value-belief patterns [5,6]. This comprehensive approach ensures that nurses identify key nursing diagnoses that are prevalent in ASD, including ineffective health self-management, impaired social interaction, chronic low self-esteem, and risk for injury related to sensory processing deficits [5,6]. The care plan is subsequently structured using the Nursing Outcomes Classification (NOC) and Nursing Interventions Classification (NIC), providing standardized language and measurable goals that facilitate interdisciplinary communication and outcome tracking [6,7].

Advanced Communication Strategies and Sensory Adaptation

Effective communication is arguably the most significant challenge and priority in nursing care for autistic individuals. Evidence consistently demonstrates that structured communication strategies—including the use of visual schedules, picture exchange communication systems (PECS), social stories, and augmentative and alternative communication (AAC) devices—substantially reduce anxiety and improve cooperation during nursing procedures [7,8]. Nurses are trained to use simple, concrete, and reassuring language, avoiding idioms, sarcasm, and figurative speech that may confuse autistic patients [6,7]. Furthermore, sensory adaptation is paramount; nurses routinely modify environmental stimuli by dimming fluorescent lights, reducing ambient noise, providing weighted blankets or fidget tools, and offering noise-canceling headphones [7,8]. These interventions directly address the sensory overload that frequently triggers behavioral dysregulation in clinical settings [8,5].

Support with Activities of Daily Living (ADLs)

Nurses provide direct support with the twelve activities of daily living, which are frequently disrupted in individuals with ASD due to motor coordination difficulties, sensory aversions, and rigid behavioral routines [8]. Specifically, nursing interventions target safe environmental maintenance (removing hazards for those who elope), assistance with feeding (addressing selective eating and swallowing difficulties), bathing and dressing (managing tactile defensiveness), and elimination (addressing constipation and toileting resistance) [8,7]. By integrating behavioral principles with compassionate care, nurses gradually desensitize patients to these necessary daily activities, promoting maximal independence while respecting individual sensory thresholds [8,5].

Hospital-Based Acute Care and Behavioral De-escalation

Hospitalization represents a uniquely stressful experience for individuals with ASD, often triggering severe anxiety, aggression, or self-injurious behaviors. Nursing care in acute settings requires rapid, individualized adaptation, including private rooms, shortened waiting times, and the

presence of familiar caregivers [6,7]. Behavioral de-escalation techniques—such as maintaining a calm demeanor, offering choices, using a low and slow tone of voice, and implementing distraction techniques—are essential nursing competencies [7,5]. Studies indicate that hospitals lacking specialized ASD-trained nursing staff experience significantly higher rates of adverse events, prolonged stays, and use of chemical or physical restraints [6]. Conversely, institutions that have implemented ASD-specific nursing protocols report decreased agitation, higher patient satisfaction, and improved clinical outcomes [5,6].

Family Education, Discharge Planning, and Transitional Care

Nurses play an indispensable role in educating families about medication management, seizure precautions, nutritional supports, and behavioral strategies that can be continued at home [5,7]. Discharge planning for autistic patients is particularly complex, requiring coordination with schools, community mental health services, primary care physicians, and occupational therapists [7,8]. Transitional care from pediatric to adult healthcare systems is another critical nursing contribution, as adolescents with ASD frequently lose access to specialized services upon reaching adulthood. Nurses facilitate this transition by developing individualized healthcare transition plans, identifying adult providers with ASD expertise, and teaching self-advocacy skills to young adults [8,5].

Pediatric Dentistry and ASD Care

Unique Oral Health Challenges in Children with ASD

Children with autism spectrum disorder exhibit a distinct and elevated risk profile for oral diseases, driven by biological, behavioral, and socioeconomic factors [3,4]. Epidemiological studies consistently report higher prevalence of dental caries, gingivitis, periodontal disease, bruxism (tooth grinding), malocclusion, and enamel defects in autistic children compared to neurotypical peers [3,9]. These oral pathologies are multifactorial: restricted diets often high in fermentable carbohydrates and sugary foods, dependence on caregivers for oral hygiene (which frequently results in suboptimal brushing), frequent use of liquid medications containing sucrose, and the presence of pica (chewing non-food items) all contribute to accelerated dental decay [3,4]. Additionally, many children with ASD experience xerostomia (dry mouth) secondary to psychotropic medications such as antipsychotics and antidepressants, further increasing caries susceptibility [4,10].

Behavioral Guidance Techniques and Desensitization Protocols

Managing behavior during dental visits is the foremost challenge for pediatric dentists treating children with ASD. The American Academy of Pediatric Dentistry (AAPD) provides comprehensive guidelines categorizing behavior guidance techniques into basic and advanced strategies [9]. Basic strategies include Tell-Show-Do, positive reinforcement, distraction, and voice control, while advanced techniques incorporate protective stabilization, sedation, and general anesthesia [9,10]. Desensitization protocols are particularly effective, involving a series of pre-appointment visits during which the child simply acclimates to the dental environment—sitting in the chair, examining instruments, and meeting the dentist without receiving treatment—gradually building tolerance through systematic exposure [10,12]. Research demonstrates that children who undergo structured desensitization programs exhibit significantly higher cooperation scores on the Frankl Behavior Rating Scale, with success rates exceeding 75% for completing routine examinations and prophylaxis [12,13].

Sensory-Adapted Dental Environments (SADE)

The sensory-adapted dental environment (SADE) represents a paradigm shift in pediatric dental care for ASD. Traditional dental clinics are replete with aversive stimuli: high-pitched handpiece sounds, bright overhead lights, strong chemical odors, and tactile invasion of the oral cavity [10,15]. SADE protocols involve environmental modifications such as dimming lights, using colored LED bulbs instead of harsh overheads, playing calming music or white noise through headphones, applying weighted vests or lap pads to provide deep pressure, and allowing the child to hold a favorite sensory object [15,22]. Clinics implementing SADE have reported dramatic reductions in uncooperative behaviors, decreased need for pharmacological interventions, and shorter overall appointment times [10,15].

Assistive Technologies and Digital Applications in Pediatrics

Digital health technologies are revolutionizing pediatric dentistry for ASD. The MyDentist application, an ICT-based intervention, familiarizes children with dental settings through interactive games and visual narratives that explain each step of a dental visit [11]. Similarly, video modeling—where children watch a video of another child successfully completing a dental procedure—has been shown to reduce anticipatory anxiety and improve in-session cooperation [14,23]. Structured-visual behavioral models, incorporating social stories and sequenced picture cards, have

demonstrated outstanding efficacy, with 75% of autistic children achieving the highest cooperation scores on validated behavior scales [12,13]. These digital tools not only reduce reliance on pharmacological sedation but also empower children by giving them a sense of predictability and control [11,14].

Preventive Strategies and Parental Training

Prevention is paramount in pediatric dentistry for ASD, given the difficulties associated with restorative treatment. Professional preventive measures include the application of fluoride varnishes, placement of dental sealants, and chlorhexidine rinses for gingivitis control [4,18]. Parental training is equally critical; pediatric dentists must educate caregivers on effective home oral hygiene techniques, including the use of three-sided toothbrushes, vibrating toothbrushes that provide sensory input, and adaptive grips for easier handling [16,17]. Dietary counseling is essential, emphasizing reduced sugar intake, avoidance of sticky and retentive foods, and increased water consumption to mitigate xerostomia [4,16]. Studies indicate that caregiver-assisted brushing, combined with visual schedules and reward systems, significantly reduces plaque scores and caries incidence over a 6-month period [16,18].

Interdisciplinary Collaboration in Pediatric Dental Care

Effective pediatric dental care for ASD cannot occur in isolation; it requires seamless collaboration with pediatricians, occupational therapists, speech-language pathologists, and applied behavior analysis (ABA) therapists [3,4,9]. For example, occupational therapists can provide sensory integration strategies that directly translate to better oral tolerance, while ABA therapists can implement reinforcement schedules to reward cooperation during home brushing routines [9,10]. Pre-appointment communication between the dental team and the child's behavioral therapist ensures consistency in cues, language, and reward systems, thereby maximizing the likelihood of a successful dental encounter [4,16].

General Dentistry and ASD Care

Managing Adult Patients with ASD

As children with ASD transition into adulthood, their dental care must shift from pediatric-focused approaches to general dental management that addresses the unique needs of aging autistic patients [20,21]. Adult patients with ASD commonly present with accumulated oral disease, including extensive untreated caries, advanced periodontal disease, and significant tooth wear from chronic bruxism [3,20]. General dentists must be adept at capacity assessment, recognizing that the ability to consent to treatment may vary substantially among autistic adults. When capacity is questionable, best-interest decision-making, often in consultation with family members and legal advocates, is ethically and legally required [20,21].

Pharmacological Behavior Management and Sedation

General dentists must possess a comprehensive understanding of pharmacological interventions for managing challenging behaviors in adult ASD patients. Nitrous oxide (laughing gas) provides mild anxiolysis and is suitable for cooperative adults with mild anxiety [20,21]. Oral sedation agents, including benzodiazepines (midazolam, diazepam) and antihistamines (hydroxyzine), can be administered pre-operatively to reduce anxiety and facilitate cooperation [21,22]. For patients with profound behavioral challenges, extensive treatment needs, or severe gag reflexes, general anesthesia in a hospital-based setting remains the gold standard, enabling the dentist to complete all required restorative, endodontic, and surgical procedures in a single session [20,21]. However, general dentists are cautioned against over-reliance on sedation; appropriate behavioral management and environmental adaptation frequently allow treatment with local anesthesia alone [20,22].

Accommodating Sensory Sensitivities in the Adult Clinic

Adult dental clinics must mirror the sensory accommodations found in pediatric settings but tailored to adult preferences. Modifications include offering sunglasses or dimming operator lights, providing ear protection against high-frequency handpieces, eliminating strong-flavored toothpaste or rinses that trigger aversions, and scheduling appointments during quieter clinic hours [22,15]. The use of social narratives—specifically written for adults—that explain each step of the procedure, from the injection of local anesthetic to the placement of a restoration, has been shown to reduce anticipatory anxiety [22,15]. Additionally, allowing the patient to establish a stop signal (such as raising a hand) empowers them with control over the procedure, significantly reducing distress [20,22].

Oral Manifestations of Psychotropic Medications

Adults with ASD frequently take psychotropic medications (antipsychotics, antidepressants, mood stabilizers, and stimulants) that have significant oral side effects [3,4]. Atypical antipsychotics (e.g., risperidone, aripiprazole) are commonly prescribed for irritability and aggression and are associated with xerostomia, sialorrhea (excessive salivation), and tardive dyskinesia (involuntary orofacial

movements) [3,4]. Selective serotonin reuptake inhibitors (SSRIs) used for anxiety and depression can cause bruxism and dry mouth. General dentists must conduct thorough medication reconciliations, modify preventive strategies accordingly (e.g., prescribing high-fluoride toothpaste and salivary substitutes for xerostomia), and monitor for medication-related oral pathologies [20,21].

Emergency Dental Care and Trauma Management

Individuals with ASD are at elevated risk for dental trauma due to falls, seizures, self-injurious behaviors (such as lip or cheek biting), and pica [3,4]. General dentists must be prepared to manage acute dental emergencies, including tooth avulsion, crown fractures, and soft tissue lacerations, often in patients who are highly distressed and unable to communicate pain effectively [20,21]. Emergency protocols should include pre-arranged sedation options, rapid environmental de-escalation, and, when necessary, referral to hospital-based emergency departments with dental coverage [20,21]. Long-term management may involve fabricating mouthguards to protect against bruxism and trauma [4,22].

Information Technology and ASD Interventions

Mobile Applications and Speech-Generating Devices

Information technology has fundamentally transformed therapeutic and educational interventions for ASD, offering scalable, engaging, and individualized tools [23,24]. Mobile applications, particularly those incorporating speech-generating devices (SGDs), have proven highly effective in facilitating verbal communication in minimally verbal children. These applications utilize picture-to-speech interfaces, customizable vocabulary boards, and predictive text algorithms, enabling children to construct sentences and express needs [23,24]. Beyond basic communication, AI-driven applications such as MindSpeak integrate conversational avatars, therapeutic minigames, and real-time emotional analysis using facial expression recognition, vocal tone detection, and eye gaze tracking to provide immediate, data-driven feedback to both the child and the caregiver [24,35].

Virtual Reality (VR) for Social Skills and Desensitization

Virtual reality creates immersive, safe, and controllable environments where individuals with ASD can practice social skills and confront phobias without real-world consequences [23,34]. VR-based social skills training programs simulate scenarios such as job interviews, classroom participation, and peer interactions, allowing users to practice turn-taking, emotional recognition, and appropriate conversational responses [23,34]. For dental and medical care, VR desensitization platforms simulate the sights, sounds, and sensations of clinical environments, enabling patients to gradually habituate to stressors before their actual appointments [23,10]. Studies demonstrate that VR interventions significantly improve social responsiveness and reduce phobic avoidance in autistic adolescents [23,34].

Serious Games and Gamification for Cognitive and Behavioral Training

Serious games—video games designed for therapeutic or educational purposes—are increasingly deployed to target core ASD deficits [23,27]. These games teach emotion recognition through animated faces, social problem-solving through branching narratives, and cognitive flexibility through changing rule-sets. The gamification framework, as exemplified by platforms like RehabiliTEA, not only assesses reactivity and connectivity but also tracks longitudinal progress through built-in analytics, providing clinicians with objective data to adjust therapeutic strategies dynamically [26,27]. Framework models for adaptive multimodal serious games have been proposed to facilitate early intervention, allowing the difficulty level to adjust in real-time based on the child's performance and emotional state [27,35].

Augmented Reality (AR) for Joint Attention and Imitation

Augmented reality overlays digital content onto the physical world, offering unique advantages for teaching joint attention and imitation skills. The Pictogram Room, an AR-based intervention, has demonstrated significant improvements in body knowledge, imitation accuracy, and joint attention in autistic children with intellectual disability [25]. These AR programs are brief, socially valid, and require no specialized training for facilitators, making them highly promising for inclusive educational practice in mainstream and special education settings [25,34]. The tangible, interactive nature of AR captures attention more effectively than traditional screen-based interventions, particularly for children with significant sensory processing differences [25].

Artificial Intelligence and Predictive Analytics

Artificial intelligence seems highly promising for patient-specific ASD therapy via proactive, data-driven scaffolding [35,24]. Machine learning algorithms can analyze vast datasets from behavioral observations, wearable sensors, and therapeutic sessions to predict behavioral episodes, identify

early signs of distress, and recommend personalized calming strategies [35]. AI-powered analytics are also being integrated into telemedicine platforms, enabling remote monitoring and adjustment of behavioral plans by clinicians, thereby increasing access to specialized care for families in underserved regions [24,35]. The integration of AI with wearable technology (e.g., smartwatches measuring heart rate variability) holds immense potential for preempting meltdowns and implementing just-in-time adaptive interventions [35].

Medical Education and ASD Training

Current State of ASD Education in Medical Curricula

Despite the growing prevalence of ASD and the undeniable need for specialized training, no accreditation standards currently mandate comprehensive autism education in medical school curricula, creating a critical gap in healthcare delivery [31]. This deficiency has significant implications, as graduating physicians often feel ill-equipped to diagnose ASD, communicate effectively with autistic patients, or manage their complex healthcare needs [31,33]. However, innovative educational initiatives are emerging to address this deficiency, driven by advocacy from autistic individuals, families, and professional organizations [31,32].

Experiential Learning and Caregiver Engagement

The implementation of a 36-hour Autism Intervention Module (AIM) within the third-year MBBS curriculum has demonstrated significant benefits in bridging this knowledge gap [28]. This module combines interactive didactic sessions with experiential learning opportunities, including direct engagement with caregivers of autistic children and virtual home visits to observe environmental adaptations [28]. Feedback from students indicates that this hands-on approach significantly enhances their understanding of autism, the challenges faced by families, and the necessity of early diagnosis and intervention, far more effectively than traditional lecture-based formats [28,33].

Simulation-Based Training for Residents

Simulation-based curricula have been developed to educate physician trainees on best practices for managing children with ASD who present with neurocognitive and behavioral challenges [30,29]. These curricula include baseline assessment of knowledge, training in specific communication techniques (e.g., using concrete language, providing visual schedules), and practice using calming resources to educate residents in assessing children with sensory barriers [30]. Interactive online training modules have been developed to support pediatric residents in navigating autism discussions with parents, delivering a new diagnosis, and initiating appropriate treatment referrals [30,29].

Co-Production and E-Learning Modules

E-learning modules developed using co-production with individuals with autism and their families have been implemented to improve students' knowledge, skills, and attitudes toward people with intellectual disability and autism [32]. The Oliver McGowan training, a mandatory initiative in some healthcare systems, represents a significant step forward in autism education, embedding the lived experiences of autistic people into the core curriculum [32,33]. These co-produced modules address not only clinical knowledge but also unconscious bias and stigmatizing attitudes, fostering a more compassionate and person-centered approach to care [32].

Training for Resident Physicians and Continuing Education

Programs such as PREPARE for Autistic Adults have been developed in direct partnership with autistic adults and their families to train resident physicians in adult-focused ASD care [29]. An 8-week virtual training program has shown preliminary evidence of feasibility and effectiveness, with participants reporting that they actively apply their newly acquired communication and accommodation skills in their clinical practice [29]. Panel presentations with individuals with autism and families, combined with preceptor modeling, have been identified as particularly influential elements of training curricula, providing enduring lessons that shape professional identity and clinical approach [33,31].

Interdisciplinary Collaboration and the Future of Integrated Care

The Imperative for Integrated Care Models

Managing a patient with autism spectrum disorder is not the sole responsibility of any single profession; it demands a multi-faceted and collaborative approach involving patience, structured strategies, and shared decision-making across disciplines [2,3,4]. The complexity of ASD, encompassing medical, dental, behavioral, educational, and social domains, necessitates collaboration across multiple disciplines to address the diverse needs of individuals and their families comprehensively [3,10]. Interdisciplinary collaboration has been identified as essential for improving oral health outcomes, nursing care quality, and overall healthcare satisfaction [4,6].

Collaborative Models and the Metaverse

The metaverse and advanced telemedicine platforms now enable doctors to train in managing ASD patients and collaborate with professionals worldwide, improving treatment protocols through shared case conferences and virtual grand rounds [23,34]. Interprofessional collaboration supports holistic care, with regular team meetings involving nurses, dentists, therapists, educators, and IT specialists ensuring that care plans are consistent, goals are aligned, and communication is transparent [6,9]. Family-centered care and effective dentist-parent (or nurse-family) communication are crucial for successful outcomes, and the involvement of caregivers in the care process is essential for ensuring continuity and consistency across home, school, and clinical settings [16,7].

Emerging Digital Ecosystems and Continuous Improvement

Supporting autistic children and adolescents' social communication skills through digital technologies requires a systematic, evidence-based approach that considers individual differences, preferences, and developmental trajectories [34]. Artificial intelligence-supported therapeutic interventions are showing promise in providing proactive, data-driven scaffolding for patient-specific therapy, with the potential to revolutionize personalized care [35]. As our understanding of ASD continues to evolve through ongoing research and lived-experience advocacy, the integration of professional development, cutting-edge technology, and compassionate clinical care will be essential to improving outcomes and quality of life for individuals with ASD and their families [35,34].

Conclusion

Autism Spectrum Disorder presents a formidable yet profoundly important challenge to modern healthcare systems, requiring an orchestrated, multi-disciplinary approach that transcends traditional professional boundaries. Nursing contributes essential, patient-centered frameworks through individualized assessment, advanced communication strategies, sensory adaptation, and unwavering advocacy across the lifespan. Pediatric dentistry addresses the unique and elevated oral health risks of affected children through behavioral guidance, sensory-adapted environments, and robust parental education, while general dentistry extends these principles to aging adult populations, navigating complex pharmacological interactions and emergency care. Information technology, through mobile applications, virtual and augmented reality, serious games, and artificial intelligence, offers scalable, engaging, and deeply personalized therapeutic tools that empower individuals and support clinicians. Finally, medical education is progressively recognizing the imperative of comprehensive autism training, with experiential, simulation-based, and co-produced learning modules emerging as effective approaches to prepare the next generation of compassionate, competent healthcare providers. The integration of these diverse contributions underscores the critical importance of interdisciplinary collaboration and family-centered care. As diagnostic rates continue to rise and the autistic community advocates for neurodiversity-affirming practices, sustained investment in research, professional development, and technological innovation will be paramount to ensuring equitable, respectful, and effective healthcare for all individuals on the autism spectrum.

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