International Journal of the Whole Child
2026, VOL. 11, NO. 1

Families and Children: Health and Wellness

Culturally Responsive Counseling for BIPOC Children with Autism in Rural Areas: A Literature Review of Barriers and Interventions

Isha Chaney[a], Tony Michael[b]

[a-b]Tennessee Tech University

Isha S. Chaney is a Licensed Professional Counselor/Mental Health Service Provider (LPC-MHSP) in Tennessee and a doctoral student in the Counseling and Supervision Ph.D. program at Tennessee Tech University. As the owner of Insightful Pediatric and Family Therapy, LLC, she provides clinical services to children and families. Her research and advocacy focus on marginalized neurodivergent families and the unique stressors faced by Black caregivers of children with autism.

Dr. Tony Michael is a Full Professor in the Department of Counseling and Psychology at Tennessee Tech University and serves as Program Coordinator for the Ph.D. in Counseling and Supervision. He is a Licensed Professional Counselor/Mental Health Service Provider in Tennessee and a Registered Play Therapist-Supervisor through the Association for Play Therapy. With over two decades of clinical experience, his research focuses on attachment, mental health interventions, and student well-being. His scholarship includes numerous peer-reviewed journal articles and book chapters across counseling, education, and psychology. He actively mentors graduate students in research and professional development and regularly presents at national and international conferences.

Abstract

Autism spectrum disorder (ASD) disproportionately burdens Black, Indigenous, and People of Color (BIPOC) children in rural U.S. communities due to intersecting racial, cultural, and geographic barriers. This literature review synthesizes evidence on culturally responsive counseling approaches for this population. Databases including PubMed, PsycINFO, ERIC, CINAHL, and Google Scholar were searched to identify relevant research. In total, 49 studies met the criteria for examining counseling or psychosocial interventions for BIPOC children with ASD in rural settings or addressing rural and cultural adaptations. Three major themes emerged from the review: (1) systemic and geographic barriers, (2) cultural and community-level barriers, and (3) effective counseling approaches for children with autism. Findings highlight the importance of integrating culturally responsive counseling within broader educational, family, and community systems to support the whole child's social, emotional, and developmental growth. Results underscore the necessity of cultural humility, family partnership, and telehealth

to improve access and engagement. Recommendations include provider training in cultural adaptation and policy investment in rural broadband to ensure equitable care.

Keywords: autism spectrum disorder, BIPOC children, rural mental health, cultural responsiveness, parent-mediated intervention, culturally adapted CBT

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in social communication and restricted, repetitive patterns of behavior (American Psychiatric Association, 2022). According to the Centers for Disease Control and Prevention (2023), one in 31 children in the United States is identified with ASD. Early diagnosis and intervention are crucial, as they improve developmental, social, and adaptive outcomes (Stahmer et al., 2019). However, significant disparities persist in both access to services and the timing of diagnosis, particularly for children from Black, Indigenous, and People of Color (BIPOC) backgrounds. These children are less likely to receive early evaluations, are often diagnosed later, and frequently face barriers to consistent, high-quality care compared to their white peers (Bishop-Fitzpatrick & Kind, 2017; Pearson, 2015).

Both systemic and cultural barriers shape these inequities. Systemic challenges include provider shortages, limited access to specialists, inadequate insurance coverage, and geographic isolation, factors that are especially acute in rural areas (Hartley, 2004). Cultural factors, such as stigma, mistrust of healthcare systems, and differing beliefs about development, further influence how and whether families seek and maintain services (Bradford et al., 2009; Stahmer et al., 2019). Many BIPOC families also report experiences of bias, miscommunication, or culturally unresponsive care, which erode trust and discourage ongoing participation in services.

The intersection of these structural and cultural barriers perpetuates disparities in access to evidence-based interventions and delays care during critical developmental windows. From a whole-child perspective, autism care extends beyond symptom reduction and service access. Developmental progress includes academic participation, social belonging, emotional regulation, identity development, and family stability. When culturally responsive supports are absent, disparities affect not only clinical outcomes but also educational engagement, peer relationships, and long-term life trajectories. Therefore, examining autism services through a whole-child lens allows for a more comprehensive understanding of equity. Addressing these gaps requires counseling approaches that are not only evidence-based but also culturally and contextually responsive. In rural communities, traditional models of care are often impractical due to long travel distances, limited transportation, and a scarcity of autism-trained providers. As a result, there is a pressing need for flexible, community-based interventions that can be adapted to meet families where they are.

This literature review synthesizes research on counseling interventions that show promise for BIPOC children with ASD in underserved rural regions. It focuses on two key models: parent-mediated play-based interventions (Solomon et al., 2014; Thanasiu & Rust, 2018) and culturally adapted Cognitive-Behavioral Therapy (CBT) (Lau, 2006; Hall et al., 2016). By examining both the barriers these families face and the strategies that have demonstrated effectiveness, this review aims to inform counselors, educators, and policymakers about

practical, equitable approaches for improving access, engagement, and outcomes in marginalized communities. To better understand how these barriers interact, this review is grounded in an ecological and multicultural counseling framework.

Theoretical and Conceptual Framework

An ecological–cultural lens helps explain the compounded disparities BIPOC families face in accessing autism care in rural regions. Bronfenbrenner's (1979) Ecological Systems Theory illustrates how interconnected systems shape child development from the microsystem of daily caregiver–child interactions to the macrosystem of societal values, racism, and policy. Within a whole-child framework, the ecological systems model underscores that child development is shaped by coordinated interactions among healthcare providers, educators, families, and community institutions. In rural communities, barriers at every level, including provider shortages, long travel distances, and limited broadband access, interact to delay screening, diagnosis, and intervention (Hartley, 2004; Rhoades et al., 2007).

A multicultural counseling perspective complements this ecological view by emphasizing the need for cultural self-awareness, understanding of family worldviews, and the use of culturally congruent strategies (Pedersen, 2002; Sue & Sue, 2016). For BIPOC families, engagement with services is shaped by lived experiences with systemic bias across healthcare, education, and social support systems (Graham-LoPresti et al., 2021; Colic et al., 2022). Culturally responsive counseling must therefore operate not in isolation, but in collaboration with schools, early intervention programs, and community organizations. This requires intentional adaptations in language, metaphors, family role expectations, and collaboration styles to reflect community norms and values. This treatment includes recognizing caregiver expertise, validating community narratives around disability, and incorporating extended family or faith-based support when appropriate.

Together, these frameworks guide practical, equity-driven decisions in intervention design. Effective models should be anchored in the home or community, minimize logistical burdens through telehealth or brief, skills-based sessions, and be integrated into familiar settings, such as schools or local programs. These are not just conveniences; they are strategic choices that expand access, improve engagement, and ensure that gains are meaningful and sustainable for BIPOC children with autism and their families.

Methodology

An integrative literature review was conducted to synthesize interdisciplinary research related to culturally responsive interventions for BIPOC children with autism in rural contexts. Databases and platforms searched included Google Scholar, ProQuest, Elicit, and ResearchGate. Keywords such as "counseling approaches," "rurality," "systemic barriers," "cultural barriers," "BIPOC population," and "autism" were used in various combinations to ensure comprehensive coverage of the topic. The review prioritized peer-reviewed literature that examined systemic barriers, cultural responsiveness, and intervention accessibility. Studies varied in design, including qualitative, quantitative, and mixed-methods approaches.

Inclusion and Exclusion Criteria

Studies were included in this review if they met the following criteria: (1) focused on BIPOC populations with autism, (2) examined counseling approaches or therapeutic interventions, (3) were conducted in rural settings, and (4) addressed systemic or cultural barriers to care. Only English-language articles were considered. Studies were excluded if they did not meet these criteria or lacked a substantial analysis of one or more of these key focus areas.

Selection Process

The selection process followed a systematic screening to ensure academic rigor.
The initial search yielded 106 articles. After duplicates were removed and titles and abstracts were reviewed for relevance, 32 studies were excluded. 74 full-text articles were then reviewed for eligibility. Following this screening, 25 additional articles were excluded for not meeting the specific inclusion criteria. In total, 49 studies met the inclusion criteria and were included in the final review. Following the initial search, articles were screened for relevance through a review of titles and abstracts. Studies that did not align with the focus on counseling approaches, cultural responsiveness, or access barriers for BIPOC children with autism were excluded. After applying these criteria, 49 articles were selected for inclusion in the final review and subjected to detailed analysis.

Data Analysis

Recurring themes and patterns were identified across the selected literature to uncover common insights related to counseling practices for children with autism. This thematic analysis focused on three key areas: culturally responsive counseling approaches, systemic and geographic barriers, and gaps in current service models. These themes form the foundation for the subsequent literature review and highlight where existing practices may require adaptation better to serve BIPOC children with autism in rural communities. This structured approach enabled a comprehensive synthesis of relevant research, ensuring a focused examination of the counseling and accessibility challenges facing underserved populations.

Results

A total of 49 peer-reviewed studies were included in this review, encompassing qualitative, quantitative, and mixed-methods designs, as well as several systematic reviews and meta-analyses that synthesized intervention outcomes. The majority of studies employed qualitative or mixed-methods approaches to capture caregiver perspectives and contextual barriers to autism services in marginalized or rural populations. Quantitative and meta-analytic studies provided evidence on the efficacy of specific interventions, particularly parent-mediated and cognitive-behavioral approaches. Together, these sources offered a comprehensive view of both the structural inequities that shape service delivery and the culturally responsive counseling practices that show the greatest promise for reducing those disparities. Three major themes emerged from the review: (1) systemic and geographic barriers, (2) cultural and community-level barriers, and (3) effective counseling approaches for children with autism.

Theme 1: Systemic Barriers and Geographic Barriers

Colic et al. (2022) highlighted the systemic barriers Black caregivers face when navigating autism services, particularly in settings like Applied Behavior Analysis (ABA). Their findings indicated that racism, both implicit and explicit, often shapes caregiver experiences, with many Black parents reporting feelings of marginalization and misunderstanding by providers. These dynamics reflect a broader pattern of discrimination within autism care, underscoring the urgent need for culturally competent practices and equity-focused reform.

BIPOC families, especially African American and Hispanic households, routinely report lower quality of care and reduced access to essential services such as developmental screening, specialized interventions, and educational support (Nguyen et al., 2016; Smith et al., 2020; Pearson & Meadan, 2018). Barriers included inconsistent access to primary care providers, limited time spent with healthcare professionals, and a lack of culturally sensitive communication (Magaña, Parish et al., 2012). Many parents described feeling excluded from decision-making and inadequately informed about their child's condition, further eroding trust in the healthcare system.

Delays in diagnosis are a critical consequence of these disparities. African American children are often diagnosed with ASD months or even years later than white children, with many not receiving a formal diagnosis until they reach school age (Pearson & Meadan, 2018). This delay limits access to early intervention, which is critical for improving developmental outcomes. Pearson (2015) defined this dynamic as cultural divergence, a disconnect between BIPOC families and healthcare providers, which often results in miscommunication, misdiagnosis, and culturally unresponsive care.

Geographic location further complicates these challenges. Families living in rural areas face persistent shortages of providers, reduced access to specialized services, and fewer mental health resources (Murphy & Ruble, 2012). According to CDC data, doctors in rural areas are significantly more likely to refer developmental concerns to schools rather than initiate further medical evaluation (Centers for Disease Control and Prevention et al., 2011). Children in rural settings are also less likely to receive well-child checkups, early intervention services, or special education support compared to their urban peers (Zablotsky & Black, 2020).

Rural regions tend to have fewer providers per capita and are often characterized by lower socioeconomic and educational levels, which compound access issues (Hartley, 2004; Rhoades et al., 2007). As a result, delays in diagnosis and limited treatment options are common, leading to poorer educational and functional outcomes for children with ASD (Mandell et al., 2005; Scarpa et al., 2013). For BIPOC families in these areas, the intersection of cultural barriers and systemic inequities creates a particularly challenging landscape, where misdiagnosis, stigma, and unmet needs are all too common. These systemic barriers ultimately disrupt the foundational stability required for whole-child development across home and school contexts.

Theme 2: Cultural and Community-Level Barriers

Family and cultural perspectives play a significant role in the timing and pursuit of autism-related care. Differing beliefs about child development, language acquisition, and behavioral norms can influence when and how families recognize developmental concerns. For example, Hispanic and Latino parents may expect language milestones to emerge later than white parents, potentially delaying concern over delayed speech (Blacher, 2014). Similarly, Black parents are less likely to express early concern about hallmark ASD behaviors, such as social difficulties and repetitive actions (Stahmer, 2019).

Cultural stigma surrounding autism also contributes to delays in diagnosis and intervention. In many BIPOC communities, symptoms of ASD are often misinterpreted or viewed through a lens of behavioral noncompliance rather than developmental difference. For instance, Black parents frequently report that behaviors associated with autism are attributed to a lack of discipline, leading to blame and criticism from extended family or community members (Stahmer, 2019). This misperception not only delays access to appropriate services but also places an added emotional burden on caregivers, who may be unfairly judged for their parenting.

Resistance to an ASD diagnosis is common in communities where mental health issues carry significant stigma. Black parents, in particular, often describe feelings of denial and distress upon receiving their child's diagnosis, shaped by cultural narratives that discourage mental health discussions (Bradford et al., 2009). Caregivers across Black, Latino, and Korean families have reported feeling isolated or shamed by their communities, with some describing the diagnosis process as "traumatic," "shocking," or "painful" (Stahmer, 2019; Ooi et al., 2016).

These emotional and social challenges are compounded by a lack of culturally competent providers who can communicate effectively with families and offer support that aligns with their values. Without this bridge, clinical recommendations may feel misaligned or inaccessible, further discouraging early intervention. Addressing these disparities requires not only increasing cultural competence in autism services but also acknowledging and validating the emotional experiences of BIPOC caregivers navigating stigma and systemic neglect. Cultural stigma and misinterpretation of behaviors influence not only diagnostic timing but also the long-term social belonging and identity development essential to the whole child.

Theme 3: Effective Counseling Approaches for Children with Autism

Building on the structural and cultural challenges identified in the preceding sections, the literature also highlights interventions that have successfully enhanced engagement and outcomes for BIPOC children with autism. Effective counseling approaches share two defining characteristics: they emphasize family partnership and cultural adaptation. Parent-mediated, play-based models empower caregivers as active agents of change within the child's immediate environment, while culturally adapted Cognitive Behavioral Therapy (CBT) addresses emotional and behavioral needs through strategies that reflect families' linguistic, cultural, and contextual realities. Together, these frameworks offer scalable, evidence-based pathways to reduce access barriers and strengthen therapeutic alliances in rural communities.

Parent-Mediated and Play-based interventions

Early intervention for children with autism spectrum disorder (ASD) is strongly linked to improved developmental outcomes (Solomon et al., 2014). For families in rural and underserved communities, parent-mediated, play-based counseling offers a promising approach to overcoming geographic and cultural barriers to care. These interventions actively engage caregivers in their child's developmental process, enhancing both accessibility and family empowerment (Thanasiu & Rust, 2022).

One such intervention, the Play and Language for Autistic Youngsters (PLAY) Project, is an evidence-based, parent-implemented program designed for children aged 3 to 5. Grounded in a developmental, relationship-based framework, PLAY trains caregivers to use structured play at home to support their child's social and emotional growth (Solomon et al., 2014). By reducing the need for frequent in-person sessions, this model may be especially beneficial for BIPOC families in rural areas who often lack access to autism-trained professionals. The flexibility of play-based interventions also makes them culturally responsive. They can be adapted to reflect the values, communication styles, and parenting norms of diverse families (Thanasiu & Rust, 2022; Solomon et al., 2014), thereby supporting engagement without requiring cultural assimilation.

While behavioral interventions have historically dominated ASD treatment, there is growing evidence supporting parent-mediated, play-based approaches. These models promote social-emotional development by helping children reach milestones that may have been missed or delayed due to challenges with social interaction and emotional regulation (Godin et al., 2017; Tachibana et al., 2017; Wong et al., 2015).

Mental health counselors are well-positioned to deliver these interventions. By coaching parents within the child's natural environment, counselors can help families integrate therapeutic strategies into daily routines. This intervention not only improves generalization across settings but also strengthens long-term developmental gains (Morgan et al., 2014). Additionally, research shows these interventions are cost-effective and lead to meaningful improvements in social communication and adaptive behaviors (Bearss et al., 2015; Kasari et al., 2010; Schreibman et al., 2015).

Cognitive Behavioral Therapy

Social skills are essential for children with autism, helping them form meaningful relationships and navigate everyday interactions. Cognitive Behavioral Therapy (CBT) has emerged as a highly effective intervention, improving both anxiety symptoms and social functioning in children and adolescents with autism (You, Xiao, et al., 2024). Its structured, goal-oriented approach allows for targeted support across multiple developmental challenges, making CBT a versatile and impactful option for clinical use.

Importantly, CBT can be tailored to meet the cultural and contextual needs of BIPOC children. Culturally responsive adaptations, such as integrating family-specific communication styles, using relevant role-play scenarios, and involving extended family members, have been shown to

enhance engagement and improve therapeutic outcomes (Bearss et al., 2015; Lau, 2006; Graham-LoPresti et al., 2021). These modifications are particularly valuable in rural communities, where BIPOC families may face additional systemic and historical barriers to care (Hall et al., 2016).

Access remains a key concern for rural families. In many areas, specialized autism services are scarce, and the burden of long-distance travel can prevent families from receiving consistent support. Telehealth adaptations of CBT offer a scalable and effective solution.
Research indicates that CBT delivered via telehealth achieves outcomes comparable to in-person therapy, improving both social skills and anxiety management in children with autism (Hepburn et al., 2021; Vismara et al., 2018). These remote options reduce logistical barriers and increase continuity of care for families in underserved regions (Cummings et al., 2021; Stainbrook et al., 2016).

CBT's adaptability across settings, whether clinical, home-based, or virtual, positions it as a practical intervention for bridging service gaps. For BIPOC families in rural areas, culturally tailored and telehealth-enabled CBT provides a pathway to early, sustained, and meaningful support. By embedding cultural responsiveness and accessibility into its delivery, CBT stands out as a powerful tool for advancing social-emotional development in marginalized communities. These interventions support not only behavioral gains but also the emotional regulation and social integration necessary for whole-child developmental health.

Discussion

This systematic review synthesized existing literature on culturally responsive counseling approaches for BIPOC children with autism living in rural areas. Consistent with the ecological–cultural framework, findings demonstrate that developmental outcomes are shaped by the interplay among microsystem factors (e.g., caregiver–child interactions), mesosystem dynamics (e.g., school-community partnerships), and macrosystem forces (e.g., racism, stigma, and policy inequities). Culturally responsive interventions, particularly parent-mediated, play-based programs and adapted CBT, offer practical strategies to address these multilevel barriers by embedding support directly within the child's ecological context.

Parent-mediated models reduce microsystem barriers by positioning caregivers as the primary therapeutic agents in daily routines. By strengthening the caregiver–child dyad, these models create a foundation for improved engagement in classroom settings and more meaningful social interactions with peers. This approach minimizes dependence on scarce specialists and decreases logistical burdens associated with rural service delivery. It also fosters caregiver competence and autonomy, which are critical determinants of sustained engagement. In contrast to clinic-based models that may inadvertently reinforce systemic inequities, home- and community-based interventions strengthen the natural support systems already present within families' environments.

Culturally adapted CBT addresses both mesosystem and macrosystem barriers by tailoring therapeutic content to families' cultural worldviews, language, and lived experiences. By aligning clinical goals with the child's educational and social environments, this approach fosters

interdisciplinary consistency and supports the whole child's emotional regulation across multiple systems. Integrating culturally relevant examples, faith-based values, or intergenerational involvement enhances both trust and retention. When delivered via telehealth, these adaptations further extend accessibility, offering equitable pathways for families constrained by geography or socioeconomic limitations.

Advancing Whole-Child Equity in Rural Autism Care

Whole-child equity requires that autism interventions be embedded within coordinated systems of care. Culturally responsive counseling should be integrated with educational planning, community engagement, and family support networks to ensure continuity across developmental contexts. Interdisciplinary collaboration among counselors, educators, pediatric providers, and community leaders is essential for sustainable change.

Limitations

Despite promising trends, several limitations must be acknowledged. First, few studies focused specifically on Indigenous populations, reflecting a persistent research gap in autism services within Native and tribal communities. Second, the overrepresentation of studies conducted in urban or suburban settings limits the generalizability of findings to rural contexts. Third, potential publication bias favors studies demonstrating positive intervention outcomes, underscoring the need for transparent reporting of null or mixed results. Finally, heterogeneity in study designs and outcome measures constrains the ability to draw definitive conclusions about comparative efficacy across cultural groups. Finally, the predominance of U.S.-based studies limits international generalizability. Future research should explore culturally responsive autism interventions in rural contexts globally.

Implications for Counseling Practice

Rural mental health counselors should prioritize training in selective and directed cultural adaptation frameworks (Lau, 2006) and evidence-based parent-coaching models. Agencies serving rural areas must build telehealth infrastructure capable of high-quality video and secure file sharing; low-bandwidth adaptations (telephone-enhanced parent coaching) can serve as interim solutions. Supervision and consultation models should explicitly address cultural humility, systemic racism, and rural contextual stressors. Counselors should collaborate with school personnel to align therapeutic goals with Individualized Education Programs and social-emotional learning initiatives to ensure a cohesive support system for the child.

Implications for Policy and Systems

Reimbursement parity for parent-mediated telehealth counseling at the same rate as direct child therapy. Expansion of HRSA, SAMHSA, and Maternal & Child Health Bureau funding streams to support hybrid telehealth + home-visiting programs explicitly targeting rural BIPOC communities. Requirement that autism research funded by NIH and private foundations include meaningful rural and racial/ethnic diversity targets.

Future Research Directions

Future research should extend beyond efficacy to examine sustainability, scalability, and community partnership in culturally responsive care. Longitudinal studies are needed to evaluate how adapted interventions influence family resilience, caregiver stress, and children's social-emotional outcomes over time. Additionally, participatory research that centers the voices of BIPOC caregivers can guide the co-creation of interventions that are both empirically grounded and culturally authentic. By integrating ecological and cultural responsiveness at every level of intervention design, the counseling profession can move toward a more inclusive and equitable system of autism care for all children, regardless of race or geography.

Conclusion

This review indicates a stark reality: Black, Indigenous, and People of Color children with autism in rural America continue to be diagnosed later, served less, and supported poorly, not because effective counseling approaches are unavailable, but because the dominant models of care have rarely been designed with their cultural realities, family structures, or geographic circumstances in mind. The evidence, though still limited in quantity and directness, is now unambiguous in direction. When mental health counselors intentionally adapt evidence-based practices, whether parent-mediated play and relationship-focused interventions or cognitive-behavioral and social-skills training, to reflect BIPOC families' languages, values, historical experiences, and extended support networks, engagement rises, dropout falls, and meaningful developmental and emotional gains follow. When these same adapted interventions are delivered via telehealth or hybrid formats, the crippling barriers of distance and provider scarcity are substantially reduced.

These are not aspirational ideas; they are demonstrated, replicable practices ready for wider implementation. Rural mental health counselors, community agencies, training programs, and policymakers no longer need to wait for perfect evidence before acting. The evidence suggests a pressing need for coordinated, culturally responsive, and accessible service models that prioritize the developmental wellbeing of rural BIPOC children with autism. These families continue to face persistent inequities that require vital and continuous action. It is time to bring the intervention to them, on their terms, in their homes, and through relationships built on cultural humility and genuine partnership.

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).

Bearss, K., Burrell, T. L., Stewart, L., & Scahill, L. (2015). Parent training in the management of autism spectrum disorders: Behavioral interventions. *Neurotherapeutics, 12*(3), 557–563.

Bearss, K., Johnson, C., Smith, T., Lecavalier, L., Swiezy, N., Aman, M., McAdam, D., Butter, E., Stillitano, C., Minshawi, N., Sukhodolsky, D., Mruzek, D., Turner, K., Neal, T., Hallett, V., Mulick, J., Green, B., Handen, B., Deng, Y., Dziura, J., & Scahill, L. (2015). Effect of parent training vs parent education on behavioral problems in children with autism spectrum disorder: A randomized clinical trial. *JAMA, 313*(15), 1524-1533.

Bishop-Fitzpatrick, L., & Kind, A. J. H. (2017). A scoping review of health disparities in autism spectrum disorder. *Journal of Autism and Developmental Disorders., 47*(11), 3380–3391. 10.1007/s10803-017-3251-9

Blacher, J., Cohen, S. R., & Azad, G. (2014). In the eye of the beholder: Reports of autism symptoms by Anglo and Latino mothers. *Research in Autism Spectrum Disorders, 8*(12), 1648–1656.

Bradford, L. D., Newkirk, C., & Holden, K. B. (2009). Stigma and mental health in African Americans. In R. L. Braithwaite, S. E. Taylor, & H. M. Treadwell (Eds.), *Health issues in the Black community* (3rd ed., pp. 119–131). Jossey-Bass/Wiley.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press.

Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey (2011). *Survey of Pathways to Diagnosis and Services Frequently Asked Questions.* Available at: https://archive.cdc.gov/www_cdc_gov/nchs/slaits/spds.htm

Centers for Disease Control and Prevention. (2023). *Data & statistics on autism spectrum disorder.* https://www.cdc.gov/ncbddd/autism/data.html

Colic, M., Araiba, S., Lovelace, T.S., & Dababnah, S. (2022). Black caregivers' perspectives on racism in ASD services: Toward culturally responsive ABA practice. *Behavior Analysis Practice, 15,* 1032–1041. https://doi.org/10.1007/s40617-021-00577-5

Cummings, J. R., et al. (2021). Telehealth and child mental health services: Barriers and opportunities for equitable care. *Journal of Child Psychology and Psychiatry, 62*(8), 934–947.

Godin, J., Freeman, A., & Rigby, P. (2019). Interventions to promote the playful engagement in social interaction of preschool-aged children with autism spectrum disorder (ASD): a scoping study. *Early Child Development and Care, 189*(10), 1666-1681.

Graham-LoPresti, J. R., et al. (2021). Developing culturally responsive practices in autism spectrum disorder services: A community-based framework. *Journal of Autism and Developmental Disorders, 51*(3), 817–830.

Hall, G. C. N., et al. (2016). Culturally competent treatments: A qualitative review of multicultural techniques. *Clinical Psychology Review, 48,* 91–98.

Hartley, D. (2004). Rural health disparities, population health, and rural culture. *American Journal of Public Health, 94*(10), 1675-1678.

Hepburn, S., et al. (2021). Efficacy of telehealth-delivered behavioral interventions for children with autism. *Autism Research, 14*(3), 469–482.

Kasari, C., et al. (2010). Progression in joint attention and symbolic play in young children with autism. *Journal of Autism and Developmental Disorders, 40*(1), 80–89.

Kasari, C., Chang, Y., & Patterson, S. (2013). Pretending to play or playing to pretend: The case of autism. *American Journal of Play, 6*(1), 124–135.

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Psychology: Science and Practice, 13*(4), 295–310.

Magaña, S., Parish, S. L., Rose, R. A., Timberlake, M., & Swaine, J. G. (2012). Racial and ethnic disparities in quality of health care among children with autism and other developmental disabilities. *Intellectual and Developmental Disabilities, 50*(4), 287–299. 10.1352/1934-9556-50.4.287

Mandell, D. S., Novak, M. M., & Zubritsky, C. D. (2005). Factors associated with age of diagnosis among children with autism spectrum disorders. *Pediatrics, 116*(6), 1480-1486.

Morgan, L. J., Rubin, E., Coleman, J. J., Frymark, T., Wang, B. P., & Cannon, L. J. (2014). Impact of social communication interventions on infants and toddlers with or at-risk for autism. *Focus on Autism and Other Developmental Disabilities, 29*(4), 246–256. 10.1177/1088357614539835

Murphy, M. A., & Ruble, L. A. (2012). A comparative study of rurality and urbanicity on access to and satisfaction with services for children with autism spectrum disorders. *Rural Special Education Quarterly, 31*(3), 3-11.

Nguyen, C. T., Krakowiak, P., Hansen, R., Hertz-Picciotto, I., & Angkustsiri, K. (2016). Sociodemographic disparities in intervention service utilization in families of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 46*(12), 3729. 10.1007/s10803-016-2913-3

Ooi, K. L., Ong, Y. S., Jacob, S. A., & Khan, T. M. (2016). A meta-synthesis on parenting a child with autism. *Neuropsychiatric Disease and Treatment*, 745–762.

Pearson, J. N. (2015). Disparities in diagnoses and access to services for African American children with autism spectrum disorder. *DADD Online Journal, 2*(1), 52-65.

Pearson, J. N., & Meadan, H. (2018). African American parents' perceptions of diagnosis and services for children with Autism. *Education and Training in Autism and Developmental Disabilities, 53*(1), 17-32. https://www.jstor.org/stable/26420424

Pedersen, P. B. (2002). The making of a culturally competent counselor. *Online Readings in Psychology and Culture, 10*(3)10.9707/2307-0919.1093

Rhoades, R. A., Scarpa, A., & Salley, B. (2007). The importance of physician knowledge of autism spectrum disorder: results of a parent survey. *BMC Pediatrics*, 7, 37.

Scarpa, A., Reyes, N. M., Patriquin, M. A., Lorenzi, J., Hassenfeldt, T. A., Desai, V. J., & Kerkering, K. W. (2013). The modified checklist for autism in toddlers: Reliability in a diverse rural American sample. *Journal of Autism and Developmental Disorders, 43*, 2269-2279.

Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., Kasari, C., Ingersoll, B., Kaiser, A. P., Bruinsma, Y., McNerney, E., Wetherby, A., & Halladay, A. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of Autism and Developmental Disorders., 45*(8), 2411–2428. 10.1007/s10803-015-2407-8

Smith, K. A., Gehricke, J. G., Iadarola, S., Wolfe, A., & Kuhlthau, K. A. (2020). Disparities in service use among children with autism: A systematic review. *Pediatrics, 145*(Supplement_1), S35-S46.

Solomon, R., Van Egeren, L. A., Mahoney, G., Quon Huber, M. S., & Zimmerman, P. (2014). PLAY Project Home Consultation intervention program for young children with autism spectrum disorders: A randomized controlled trial. *Journal of Developmental & Behavioral Pediatrics, 35*(8), 475–485. https://doi.org/10.1097/DBP.0000000000000096

Stahmer, A. C., Vejnoska, S., Iadarola, S., Straiton, D., Segovia, F. R., Luelmo, P., Morgan, E., Lee, H., Javed, A., Bronstein, B., Hochheimer, S., Cho, E., Aranbarri, A., Mandell, D., Hassrick, E., Smith, T., & Kasari, C. (2019). Caregiver voices: Cross-cultural input on improving access to autism services. *Journal of racial and ethnic health disparities, 6*(4), 752-773.

Stainbrook, J. A., et al. (2016). Telehealth implementation of pivotal response treatment for children with autism. Journal of Autism and Developmental Disorders, *46*(2), 561–573.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons, Inc.

Tachibana, Y., Miyazaki, C., Ota, E., Mori, R., Hwang, Y., Kobayashi, E., Terasaka, A., Tang, J., Kamio, Y., & van Wouwe, J.,P. (2017). A systematic review and meta-analysis of comprehensive interventions for pre-school children with autism spectrum disorder (ASD). *PloS One., 12*(12), e0186502. 10.1371/journal.pone.0186502

Thanasiu, P. L., Rust, K. L., & Walter, S. M. (2018). Service learning and live supervision as early components in play therapy training. *International Journal of Play Therapy, 27*(2), 103.

Vismara, L. A., et al. (2018). Remote delivery of intervention for autism spectrum disorder: A systematic review. *Telemedicine and e-Health, 24*(1), 61–69.

Wong, C., Odom, S. L., Hume, K. A., Cox, A. W., Fettig, A., Kucharczyk, S., Brock, M. E., Plavnick, J. B., Fleury, V. P., & Schultz, T. R. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of Autism and Developmental Disorders, 45*(7), 1951–1966. 10.1007/s10803-014-2351-z

You, X. R., Gong, X. R., Guo, M. R., & Ma, B. X. (2024). Cognitive behavioural therapy to improve social skills in children and adolescents with autism spectrum disorder: A meta-analysis of randomized controlled trials. *Journal of Affective Disorders, 344*, 8-17.

Zablotsky, B., & Black, L. I. (2020). *Prevalence of children aged 3–17 years with developmental disabilities, by urbanicity: United States, 2015–2018* (National Health Statistics Reports, No. 139). National Center for Health Statistics. https://www.cdc.gov/nchs/data/nhsr/nhsr139.pdf

Zablotsky, B., Maenner, M. J., & Blumberg, S. J. (2020). Geographic disparities in treatment for children with autism spectrum disorder. *Academic Pediatrics, 19*(7), 740. 10.1016/j.acap.2019.02.013