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### **Title**

Evaluating Racial Match and Concordance in ASD Interventions: Preliminary Findings from a Multidisciplinary Scoping Review

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The background features a complex network of colorful lines (yellow, teal, red, green, blue) and various icons. Icons include a globe, a compass, a microscope, a calendar, a lightbulb, a target, a document, a magnifying glass, a star, a leaf, a bookshelf, and a graph. The lines connect these icons in a web-like pattern, suggesting a network or research process.

# LIBRARY AWARD FOR UNDERGRADUATE RESEARCH

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Joseph Ekpo

## **Reflective Essay**

The origin of my research project emerged from my experience working as a research assistant at the Koegel Autism Center, where I worked on a project comparing social skill improvements in neurodivergent teens through in-person versus telehealth formats. As part of this study, I helped teach social skills curriculum lessons and worked directly with two Latino/a clients. As an African-American, I was excited to be working with clients that share a similar cultural background, but my excitement quickly turned into peril. My clients struggled more than non-minority participants in grasping the curriculum that was taught, communicating with peers, and participating in group activities. I noticed disparities in the effectiveness of the intervention, as well as differences in the sense of "social comfortability" my clients exhibited, which sparked my curiosity about the role of racial and cultural factors in ASD therapy and intervention outcomes.

Seeing these disparities firsthand, I began investigating the current literature on racial concordance, which is the concept of a patient and provider sharing the same racial background. I turned to UCSB's library resources, specifically PsycINFO, PubMed, and Google Scholar to see if racial concordance was a topic heavily researched within the ASD community. To my surprise, I found no major studies researching this concept. I also noticed that racial concordance had a plethora of empirical and clinical evidence of being effective within other fields, specifically education, healthcare, and psychology. Given this multidisciplinary observation, I conducted a scoping review to map existing literature on culturally-tailored ASD interventions, identify gaps in racial concordance as a strategy, and assess any transferable evidence across the

fields of education, psychology, and healthcare. To ensure a culturally informed approach, I pursued full-text access to articles exploring racial concordance in contexts often underrepresented in ASD literature. When UCSB subscriptions didn't provide access, I submitted InterLibrary Loan (ILL) requests for studies such as Sohler et al. (2007) on trust in HIV care, Howes & Shivers (2006) on ethnic match in early childcare, Zane et al. (2005) on cognitive and cultural match in therapy, and Won et al. (2004) on autism care in Korean-American populations, ensuring vital perspectives were not excluded from analysis.

From the beginning of my project, I was lost with the process of conducting a scoping review. From PRISMA guidelines, boolean operators, keywords, and optimizing my search strategy, I felt like I was in way over my head. This all changed one day, when I was ironically looking at Youtube videos on scoping reviews, I saw a post on the 1st floor library bigscreen about a workshop on literature reviews. While designed for graduate students, I immediately enrolled and gained valuable insight into how to effectively run my search. Following this workshop, I began to run my pilot search with my keywords, inclusion/exclusion criteria, and appropriate databases. This is when I ran into my second problem, I did not know how to use ERIC or PubMed. I vividly remember my first search into PubMed giving me 40,000 results!

Once again, I consulted the use of library research materials. I found the research librarian, Kristen Labonte, and immediately made an appointment. During this appointment, I shared my search strategy, keywords, boolean operators, and databases I intended to use with Ms. Labonte. Not only did she teach me how to access PubMed and ERIC directly through the UCSB library databases (so I could access articles that weren't open-access), but she also gave me the keywords "cultural consonance" and "cultural sensitivity" to add to my search. Ms.

Labonte also taught me how to effectively use boolean operators (ex: using intervent\* or therap\* instead of intervention or therapy), which was instrumental in narrowing my search scope.

Now that I was fully ready to begin my search, I employed a multi-step search strategy to discover relevant studies. Because my scoping review was multidisciplinary, I had to search through multiple disciplines using multiple search strings. With the help of Ms. Labonte, I developed my search string to a 4-fledged approach: an ASD search, Education search, Healthcare search, and Psychology search. For example, my ASD search in PubMed was (Autism OR ASD OR “Autism Spectrum Disorder”) AND (“racial match” OR racial concordance”) while my education search would be (Education) AND (“racial match” OR “racial concordance”). Conducting the search in this manner generated specific and relevant results from each discipline, leading to screening 1,474 articles from the databases of ERIC, PubMed, and PsycINFO. The UCSB library research pages also gave me valuable insight into all the different databases that were available to search, which in collaboration with my advisor I narrowed down to these three.

This research journey did not come without its fair share of challenges. When I began my pilot search, I found that many ASD studies did not look at racial concordance at all, with culturally-adaptive interventions also being hard to find. I navigated this by using citation tracking and reference mining to find all key studies on culturally-tailored interventions, which was also recommended by Ms. Labonte. Additionally, I reached out to Amber Davis, who has conducted culturally-responsive ASD research at John Hopkins. She reaffirmed my search strategy and gave me the confidence that this research was truly impactful.

Beyond shaping my research methodology, UCSB’s library resources also gave me the confidence to disseminate my findings on a larger scale. While working on this project, I

frequently walked past the URCA poster presentations displayed on the first floor of the library. Seeing my peers' work showcased in a professional setting inspired me to submit my research as an abstract to the Association for Behavioral and Cognitive Therapies (ABCT) conference. What seemed like an ambitious goal now felt attainable, reinforcing the idea that research should not remain in isolation but be shared with broader academic and clinical communities. This process was truly invaluable in my academic and personal journey, and the resources and support offered through UCSB's library were foundational to advancing my skills for whatever route I take upon graduation.

**Evaluating Racial Match and Concordance in ASD Interventions: Preliminary Findings from a Multidisciplinary Scoping Review**

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## **Abstract**

Racial and ethnic concordance, defined as a shared racial identity between providers and recipients, has demonstrated promise in improving engagement, communication, and outcomes across a range of relational care settings. However, its relevance to Autism Spectrum Disorder (ASD) interventions remains underexplored. This scoping review examined how racial concordance has been studied across clinical, educational, and behavioral health contexts, and evaluated its potential applicability to ASD care. Following PRISMA-ScR guidelines, 20 peer-reviewed studies were identified through a systematic search of three databases (PsycINFO, PubMed, and ERIC), and thematically analyzed across three domains: social, behavioral, and biological/stress-related outcomes. Findings suggest that racial concordance is associated with increased interpersonal trust, reduced behavioral misinterpretation, enhanced family engagement, and buffered stress responses, particularly being present among racially and ethnically diverse populations. However, several studies reported mixed or null effects, highlighting the contextual variability of concordance and its dependence on factors such as relationship length and subgroup identity. Notably, none of the included studies directly examined concordance in ASD-specific interventions, reinforcing a critical gap in the literature. This review proposes a relational model of equity in autism care and underscores the need for ASD-focused empirical research that examines how racial concordance may serve as a culturally attuned, relationally grounded intervention mechanism.

## **Introduction**

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by challenges in social communication and restrictive, repetitive behaviors. Affecting approximately 1 in 36 children in the United States (Maenner et al., 2023), ASD has increasingly gained recognition as a public health priority. Although ASD has gained more prominence in academic, clinical, and policy settings, the resulting advancements in care have not been equitably distributed among racially and ethnically minoritized populations. Racially and ethnically minoritized children continue to face disparities in when and how they are diagnosed, as well as the types and quality of interventions they receive (Gallin et al., 2024; Mandell et al., 2002; Constantino et al., 2020). Recent empirical data reveals that ASD prevalence is now higher among Asian, Hispanic, and Black children than among white children (Gallin et al., 2024). However, this trend masks persistent inequities in timely and accurate diagnosis. Past research has shown that Black and Latino children are still more likely to be diagnosed later, or misdiagnosed with behavioral disorders prior to receiving an ASD diagnosis (Mandell et al., 2007; Constantino et al., 2020), creating a troublesome juxtaposition of higher prevalence coupled with late or misdiagnosis. These disparities are not coincidental, as diagnostic tools and intervention models are often built on white and monolingual norms rather than culturally-inclusive practices (Burkett et al., 2015). Meanwhile, historical and contemporary experiences of discrimination have fostered deep mistrust and cultural dissonance within healthcare and educational systems, contributing to reduced engagement, lower treatment adherence, and shorter intervention duration among racially minoritized families (Trent et al., 2019; Feagin & Bennefield, 2014). Attempts to address these inequities have often relied on

surface-level cultural adaptations such as translations or ethnically diverse imagery. While these strategies may improve accessibility, they rarely confront deeper relational dynamics, such as a lack of cultural attunement, provider bias, or absence of shared lived experience (Grinker et al., 2012). Racial concordance, defined as the racial or ethnic match between provider and client, has shown promise as a means of improving trust, communication, and both social and behavioral outcomes in other fields. Even so, this approach remains significantly underexplored in ASD intervention research, a gap that is particularly striking given that many ASD interventions rely on relational trust, behavioral modeling, and sustained engagement. This scoping review examines how racial concordance has been applied, theorized, or studied as an intervention strategy across the fields of autism, education, psychiatry, and healthcare. By analyzing the social, behavioral, and biological outcomes associated with racial match, this review aims to evaluate its relevance and potential utility within ASD interventions, contributing to a more relationally grounded and culturally equitable vision of care.

### **Structural Disparities in ASD Care**

Persistent racial and ethnic disparities in ASD diagnosis and care have been well-documented across existing diagnostic, clinical, and service access pathways. Black and Latino children are consistently diagnosed later than white children, often by 1.5 to 3 years, despite equivalent caregiver concern (Mandell et al., 2007; Constantino et al., 2020). These racially-inconsistent delays are consequential, as they reduce access to early intervention services which are known to improve long-term social, communicative, and behavioral outcomes (Zuckerman et al., 2014; Dababnah et al., 2018). One significant contributor to these disparities is the differential interpretation of a client's behavior by clinicians. Black children with ASD exhibiting traits like reduced eye contact or limited verbal engagement are more likely to be

misclassified with conduct disorders prior to receiving an ASD diagnosis, whereas white children exhibiting similar traits are more likely to be referred for developmental evaluation (Ravindran & Myers, 2012). In addition to diagnostic misinterpretation, cultural mismatch between clinicians and families has also been identified as a significant barrier to intervention success. Studies have shown that provider unfamiliarity with culturally-grounded communication norms, such as indirect language, variations in eye contact, or collectivist parental styles, can contribute to misperceptions of noncompliance or resistance (Ravindran & Myers, 2012; Magaña et al., 2012). This misalignment may reduce therapeutic alliance, negatively impact patient-provider communication, and increase attrition from intervention services (Zuckerman et al., 2014; Dababnah et al., 2018). Furthermore, structural and logistical barriers further constrain access to equitable care. Racially and ethnically minoritized families are more likely to report difficulty accessing care, which includes having a limited availability of linguistically concordant providers (Broder-Fingert et al., 2020). Additionally, despite growing efforts to tailor interventions through a cultural lens, most adaptations remain superficial, addressing the content of intervention programs rather than the context as to which they exist (Grinker et al., 2012). In this context, racial concordance may represent a relationally grounded strategy that addresses the contextual, structural, and epistemic mismatches in care. Especially given the interpersonal nature of most ASD interventions, relational alignment may be the critical, yet overlooked, mechanism for improving social, behavioral, and emotional outcomes in minority ASD populations.

### **Limitations of Current Culturally-Tailored ASD Interventions**

Recent years have seen a rise in culturally-tailored interventions, which often involve translated materials, ethnically diverse examples, and surface-level modifications to program

delivery (Grinker et al., 2012; Magaña et al., 2012). While such efforts reflect a broader acknowledgement of cultural diversity, the scope of these endeavors has been limited to adjustments in content. This has led to holistic cultural contexts being undervalued, as the structure, dynamics, and assumptions of current intervention models remain unchanged (Burkett et al., 2015). Present-day interventions are based on clinical frameworks that were developed using white, monolingual populations as the standard. As a result, even culturally “adapted” programs fail to account for culturally situated behaviors or family decision-making practices that are different from dominant models (Ennis-Cole et al., 2013; Ravindran & Myers, 2012). When these disconnects are compounded by deeper cultural differences in how authority and emotion are expressed, the risk of disengagement increases, often without providers recognizing culture as a prominent factor (Zuckerman et al., 2014). Moreover, these approaches rarely interrogate who delivers care or the relational dynamics embedded in intervention. Cultural responsiveness requires more than linguistic translation; it demands epistemic attunement. This means providers must not only recognize alternative ways of understanding behavior and identity, but also reflect the lived experiences of the families they serve. Without specifically addressing these deeper relational and structural mismatches, current models risk reinforcing disparities despite intentions towards inclusion. Even with evidence from related fields suggesting that racial concordance enhances trust, communication, and therapeutic alliance (Saha et al., 1999; Cooper et al., 2003), it remains under-theorized in ASD intervention research and implementation. This absence speaks not to irrelevance, but to a critical gap, one that this review seeks to examine.

### **Complex Needs of Minoritized ASD Populations**

Autistic individuals from racially and ethnically diverse backgrounds experience complex, specific challenges that extend beyond the specific diagnostic criteria of ASD. These distinct challenges often interact across social, behavioral, and biological dimensions, shaping how systems are expressed, perceived, and responded to. The following sections examine each domain to highlight the multifaceted need for racially-concordant intervention strategies.

### **Social Challenges**

Autistic youth of color often navigate social environments that are shaped by norms that do not reflect their cultural identities or lived experiences. Social behaviors such as direct eye contact, verbal assertiveness, and comfort with adult authority are oftentimes interpreted differently across cultures, all of which are current problem behaviors that get classified equally across all demographics. When minoritized autistic individuals do not conform to these expectations, their behaviors are more likely to be misunderstood by peers, educators, and providers (Begeer et al., 2009; Mandell et al., 2007). In racially discordant settings, this unalignment compounds upon existing challenges in social reciprocity and peer belonging. Additionally, for multiracial populations, social navigation is further complicated by experiences of racial invalidation (Franco & O'Brien, 2018), which undermines social confidence and identity coherence. Caregiver reports suggest that these social mismatches can be mitigated in racially concordant settings, where a shared cultural background fosters trust, mutual understanding, and more effective social engagement (Burkett et al., 2015; Zuckerman et al., 2014). In contrast, cross-racial dynamics have been seen to produce relational distance, discomfort, or perceived judgment (Burkett et al., 2015), creating conditions in which minority ASD populations may face barriers to connecting or participating meaningfully in social environments. Racial concordance, in this context, is not simply about surface-level similarity,

but rather a conduit for enhanced cultural safety and racial comfortability, facilitating more effective social learning, expression, and belonging.

### **Behavioral Challenges**

Autistic behaviors do not exist in a vacuum; they are shaped by context, stress, and relational dynamics. For racially minoritized populations, behavioral expression is further complicated by cultural expectations and clinician bias, which continually gets overlooked. Studies have shown that providers often misinterpret coping mechanisms, such as masking or selective silence, as defiance, noncompliance, or emotional dysregulation (Zuckerman et al., 2014; Dababnah et al., 2018). These patterns become more pronounced in racially discordant clinical encounters, as the cultural frameworks for interpreting behaviors are not well understood. Parenting practices are also instrumental in contributing to the misalignment in behavioral interpretation. For example, directive parenting, firm boundary setting, and collective family decision-making, which are common in many non-Western households, may be viewed by clinicians as rigid and incompatible with intervention plans (Ravindran & Myers, 2012). These misreadings undermine the therapeutic alliance and family engagement that is so critical in producing effective interventions. Racial concordance, by contrast, may allow providers to contextualize behaviors within a shared cultural context, reducing the risk of misinterpretation while creating the foundation for interventions to feel more collaborative rather than disciplinary.

### **Biological and Stress Pathways**

Repetitive exposure to racialized stress, such as microaggressions, institutional mistrust, and social invalidation, has been linked to dysregulation of biological systems that influence behavior and learning (Williams et al., 2019). For autistic youth, these biological stress responses can amplify core ASD symptoms, including emotional reactivity and sensory sensitivity. Additionally, for minority populations this amplification may manifest differently than in white

counterparts, contributing to misinterpretation or misclassification of behaviors. By reducing social threat and increasing relational safety, racial concordance may buffer these stress responses, potentially serving as a solution at mitigating behavioral escalation and improving engagement in intervention programs.

## **Rationale**

Despite growing recognition of cultural diversity in autism care, racial concordance remains largely overlooked as a formal intervention strategy. While adjacent fields such as education, psychiatry, and healthcare have demonstrated that racially concordant relationships can improve clinical outcomes, autism research has yet to systematically examine its relevance. This scoping review explores how racial concordance has been applied, theorized, or evaluated across ASD care and related disciplines. Findings are organized across three domains: social, behavioral, and biological, in order to identify how concordance may enhance intervention responsiveness and equity. By synthesizing cross-disciplinary evidence, this review aims to inform future research and guide the development of more relationally grounded, culturally attuned models of autism care.

## **Methods**

### **Scoping Review Framework**

This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018) and draws from the methodological framework established by Arksey and O'Malley (2005), with enhancements from Levac et al. (2010). A scoping review was selected due to the limited number of studies directly addressing racial concordance in autism-specific interventions.

This approach enabled a broad conceptual mapping of the topic across multiple disciplines, as well as provided the flexibility needed to capture both theoretical and empirical insights relevant.

### **Pilot Search and Strategy Development**

Prior to formal screening, a pilot search was conducted to assess the scope and distribution of relevant literature and to refine keyword strategy. Searches were conducted using PsycINFO across four disciplinary domains: (1) ASD and racial concordance, (2) education and racial concordance, (3) healthcare and racial concordance, and (4) psychology/psychiatry and racial concordance. This process yielded a total of 996 articles. Based on these findings, a domain-specific strategy was adopted to identify transferable models of racial concordance that could inform ASD intervention practices. Search terms were developed through consultation with faculty mentors and included combinations of “racial match”, “racial concordance”, and “ethnic match” across multiple population and intervention terms. A summary of database-specific search strings and article distribution by field is presented in Figure 1.

### **Eligibility Criteria**

Eligibility criteria was defined using a PICOS framework (Population, Intervention, Comparator/Context, Outcomes, and Study Characteristics), consistent with scoping review methodology (Tricco et al., 2018).

#### **Population**

Studies were included if they focused on racially or ethnically diverse populations, with specific reference to Black, Indigenous, or People of Color (BIPOC) groups. All age groups were eligible. Studies were excluded if they focused solely on non-BIPOC populations or failed to report racial/ethnic demographic information.

#### **Intervention/Exposure**

Included studies examined intervention strategies that involved racial or ethnic concordance, either explicitly implemented as part of the intervention or implicitly examined as a factor influencing outcomes. Studies were excluded if they did not include any concordance-related component.

### **Comparator/Context**

Given the conceptual scope of this review, no specific comparison condition was required.

### **Outcomes**

Eligible studies reported on psychosocial, biological, behavioral, emotional, developmental, or relational outcomes influenced by racial or ethnic concordance. Studies were excluded if they did not report empirical outcomes or had any relation to social-emotional functioning, mental health, or biological and emotional outcomes.

### **Study Characteristics**

Only peer-reviewed empirical studies were included. This encompassed quantitative, qualitative, and mixed-methods designs. This included experimental, quasi-experimental, and naturalistic observational studies. Non-peer reviewed literature (e.g., dissertations, editorials, commentaries, or opinion pieces) were excluded.

### **Search Strategy and Databases**

The finalized search strategy was informed by the initial pilot search and tailored to capture the breadth of racial concordance literature across ASD and related disciplines. Searches were conducted across three major databases: PsycINFO, PubMed, and ERIC, which were selected due to their relevance to psychology, medicine, and education. Boolean operators and database-specific vocabulary (e.g., MeSH terms) were used where applicable. Search strings combined population terms (e.g., autism, ASD, “Autism Spectrum Disorder”) with

concordance-related concepts (e.g., “racial match”, “ethnic concordance”). The final search yielded 1,474 records before deduplication, where 422 studies were imported for screening after duplicates were removed. A summary of search terms and article yields across databases is presented in Figure 1, and the complete screening process is visualized in the PRISMA flow diagram (Figure 2).

### **Screening and Selection Process**

Screening and article selection was conducted using Covidence, with research support provided by the Undergraduate Research and Creative Activities (URCA) Grant. The screening team consisted of the lead author (Joseph Ekpo), Sade Brenyan, and Dr. Nolan Krueger. Title and abstract screening required a single vote for inclusion, whereas full-text screening required two independent votes to proceed. Any disagreements were referred to the lead author, which made the decision of final inclusion or exclusion. Reasons for exclusion during full-text review were documented for transparency. Studies that met full eligibility criteria were advanced to the data extraction and thematic synthesis stage. The complete screening workflow is presented in the PRISMA flow diagram (Figure 2).

### **Data Extraction and Thematic Synthesis**

A structured data extraction framework was developed to guide synthesis across included studies. For each article, the following information was extracted:

- Author(s) and year of publication
- Study population (age, racial/ethnic identity)
- Field or discipline
- Type of intervention or relational context
- Whether racial/ethnic concordance was explicitly implemented or implicitly examined

- Reported outcomes (e.g., psychosocial, behavioral, emotional, engagement-related, etc)
- Methodological design (qualitative, quantitative, mixed-methods, etc)

Preliminary thematic analysis was conducted using an inductive approach, which was organized across three conceptual categories: social, behavioral, and biological. Coding was conducted manually and themes were refined iteratively to identify patterns within and across fields. A summary table of included studies and extracted variables is presented in Table 1. As this is an ongoing review, the current findings reflect a subset of 20 studies that passed full-text screening. Full results will be expanded in future iterations.

## **Results**

### **Overview of Included Studies**

A total of 20 peer-reviewed articles were included in the preliminary analysis after full-text screening (Figure 1). The included studies span from a vast range of disciplines, including mental health, education, clinical medicine, and public health, while also varying in methodological approach, including quantitative ( $n = 14$ ), qualitative ( $n = 3$ ), and mixed-methods design ( $n = 3$ ). Study publication years ranged from 1991 to 2023, reflecting an evolving interest in racial/ethnic concordance as a conceptual and applied strategy over time. All included studies were conducted in US-based settings, in alignment with review's inclusion criteria. Among the included literature, the target population primarily consisted of Black, Latino/a, and Asian-American students, clients, or patients. Racial concordance was operationalized in a varied manner, including clinician-client match, teacher-student match, peer specialist match, and institutional representational concordance. Most studies investigated concordance in relation to one or more of the following outcomes: treatment engagement, perceived discrimination, therapeutic alliance, relational trust, educational behavior ratings, or psychosocial functioning.

Most notably, none of the 20 studies that met full inclusion criteria explicitly examined racial concordance within the context of autism intervention or diagnostic care, highlighting the significant gap in literature and need for this review. Findings from the included studies were synthesized across three analytic domains: (1) Social Outcomes, (2) Behavioral Outcomes, (3) Biological and Stress-Related Pathways. These individualized domains reflect the multidimensional framework that guided the review, while also helping in facilitating the mapping of racial concordance effects across developmental, relational, and regulatory contexts. For a detailed summary of all included articles, see Table 1.

### **Social Outcomes**

Across the 20 included studies, a dominant theme of racial and ethnic concordance influencing interpersonal trust, perceived safety, and social engagement emerged. These outcomes were especially relevant in mental health and educational contexts where relational dynamics underpin both initial access and sustained participation in services.

### **Enhanced Trust and Reduced Perceptions of Mistreatment**

Several studies highlighted racial concordance as a facilitator of perceived safety and interpersonal trust in clinical and educational settings. In a nationally representative study, Blanchard et al. (2007) found that patients who experienced racial concordance with both providers and support staff were significantly less likely to report mistreatment, disrespect, or bias. This effect was noticed at a higher level among Black and Latinx participants, ultimately suggesting that concordance at multiple institutional levels (not just individual clinicians) can contribute to systemic perceptions of cultural safety. Similarly, Ojeda et al. (2021) demonstrated that in outpatient mental health programs, the presence of racially concordant peer specialists eliminated previously observed racial disparities in mental health service utilization. In addition to enjoying increased engagement, these concordant programs were perceived as more

welcoming and culturally attuned, providing relational structures that extend beyond traditional therapeutic alliances.

### **Cultural Attunement and Social Belonging**

Partika (2023) examined the role of both ethnic and linguistic match within early education environments, finding that dual language learners (DLLs), who were taught by culturally and linguistically concordant teachers, demonstrated stronger attention and memory regulation. Although this is not ASD-specific, Partika's research suggests that the presence of culturally, ethnically, and linguistically concordant individuals can promote developmental capacities relevant to ASD interventions (e.g., joint attention, responsiveness to social cues, etc.). Furthermore, literature examining culturally matched clinical relationships has shown that immigrant patients often describe co-ethnic providers as more trustworthy, respectful, and attuned to their lived experiences. Lo and Bahar (2013) found that these relationships fostered a sense of relational authority, where shared identity strengthened how clients interpreted and accepted health guidance.. In addition, Soliday Hong et al. (2023) reported that racial match with assistant teachers in Black-majority preschools was associated with fewer social and behavioral concerns, and that having both primary and assistant teachers that were both racially matched was linked to higher child initiative. These findings suggest that racial/ethnic match may function as a protective factor in racially segregated environments, contributing to improved social-emotional outcomes.

### **Ethnic Density and Social Integration**

Urbina-Johanson et al. (2025) explored the role of ethnic density in shaping mental health outcomes among adolescents attending racially diverse schools. Their findings revealed that greater representation of same-ethnicity peers, referred to as "ethnic density", was associated with lower levels of internalizing symptoms such as anxiety and social withdrawal. This

protective effect was especially pronounced among students from minority racial groups and was further strengthened in contexts where teacher racial match was also present. These findings indicate that social integration is shaped not only by peer composition but also by educator representation and culturally affirming environments. While not innately specific to autism, the identified relational dynamics, such as increased peer reciprocity and reduced social threat, may have relevance for racially minoritized autistic youth, who often navigate similar barriers to social belonging. As such, this study contributes to the broader evidence base supporting the potential of racially concordant environments to enhance culturally responsive and socially supportive developmental contexts.

### **Behavioral Outcomes**

Across the reviewed literature, racial and ethnic concordance was associated with different behavioral outcomes spanning a multitude of developmental and clinical contexts. Behavioral outcomes in the included studies were operationalized through treatment adherence, behavior problem ratings, provider engagement, session attendance, and dropout risk. Three central patterns emerged from the analysis: (1) reduction in bias during behavioral evaluation, (2) increased engagement and behavioral persistence in treatment settings, and (3) stronger family-level trust and relational collaboration, all of which may shape behavioral trajectories and intervention effectiveness for autistic populations.

### **Reduction in Behavioral Misinterpretation and Bias**

Multiple studies emphasized how racial mismatch contributed to the misattribution of culturally normative behaviors as defiance, resistance, or pathology. Bates & Glick (2013) found that Black and Latino students attending schools with low racial/ethnic diversity received disproportionately higher problem behavior ratings when compared to their white peers, which was present even after adjusting for academic performance. This pattern was attenuated when

students were matched with racially similar teachers or if they attended racially diverse schools, suggesting that racial concordance may contribute in reducing implicit bias in behavioral assessments. Similarly, Zane & Ku (2014) reported that Asian-American therapy clients were more likely to be perceived as noncompliant or emotionally disengaged in racially discordant therapeutic dyads, where provider unfamiliarity with cultural coping mechanisms (e.g., silence, indirectness) led to strained alliances and treatment delays. Foster et al. (2009) also identified significant behavioral misreadings in Black caregiver-provider interactions, citing that responsive parenting behaviors were often interpreted as intrusive or inconsistent unless racial match was present.

### **Relational Alignment and Behavioral Engagement**

Relational alignment through racial concordance was also associated with sustained engagement and more favorable behavioral outcomes in clinical and school-based settings. In a large-scale behavioral health study, Cheng et al. (2023) found that racially concordant client-provider dyads exhibited significantly longer treatment durations in contrast to mismatched pairs. These extended treatment trajectories were positively correlated with improvements with client functioning, particularly among racially diverse populations. These findings built upon earlier work by Sue et al. (1991), who reported that racial match predicted higher session attendance and reduced premature dropout in community health centers, with the strongest effects observed among Black and Asian-American clients. Musson & Loomis (2024) extended these conclusions to school settings, demonstrating that student-teacher racial match was associated with greater relational closeness and lower behavioral friction. Specifically, relational closeness partially mediated improvements in emotional responsiveness and behavioral regulation, highlighting the trickle-down effects that racial match can have in enhancing behavioral outcomes.

### **Family-Level Trust and Behavioral Adherence**

Beyond patient/client engagement, racial concordance also appeared to influence family-level participation and adherence to behavioral recommendations. Flaskerud (1986) found that patients receiving culturally compatible care, which included racially concordant providers, had higher retention rates and were more likely to adhere to behavioral health treatment protocols. Additionally, Morgan & Hu (2023) reported that racially concordant classroom settings were associated with fewer externalizing behavior incidents among Black students, with caregivers attributing these improvements to stronger trust and familial communication with matched teachers. These findings suggest that racial concordance may facilitate not only client-level cooperation but also family-level trust or buy-in, which could be essential in early intervention programs and parent-mediated behavioral therapies.

### **Meta-Analytic Trends in Behavioral Engagement**

Aggregated evidence from a meta-analysis conducted by Maramba & Hall (2002) further supports the role of racial concordance in shaping behavioral engagement. The synthesis of 52 studies revealed that racial/ethnic match predicted reduced dropout ( $r = 0.03$ ) and increased session attendance ( $r = 0.04$ ), particularly among minority populations. Although no significant differences were observed in global functioning outcomes ( $r = 0.01$ ), the behavioral benefits of racial concordance were most apparent in domains related to treatment continuity and perceived alliance. These findings add empirical weight to previous relational and adherence patterns observed across the qualitative and quantitative literature included in this review.

### **Biological and Stress-Related Pathways**

Although limited in number, a subset of included studies examined how racial and ethnic concordance may influence biological regulation and stress responses, particularly within contexts where racially and ethnically minoritized individuals experience chronic exposure to

institutional or interpersonal racial stressors. These studies suggest that racially concordant environments may function as buffers against dysregulated physiological and emotional responses, factors that are relevant across both ASD and non-ASD populations. While none of the studies directly investigated autistic samples, the mechanisms identified (e.g., stress reduction, emotional safety, and relational trust) are likely to carry important implications for ASD populations, particularly given the heightened stress sensitivity observed in many autistic individuals.

### **Stress Regulation and Physiological Safety**

Several studies identified that racial concordance played a role in stress-related processes. Williams et al. (2019) provided foundational evidence that racialized stress exposure, including microaggressions, discrimination, and institutional mistrust, can disrupt neuroendocrine function and heighten allostatic load among racially minoritized populations. Although this is not specific to concordance-based interventions, the authors emphasized that the stress buffering occurs in socially affirming environments, laying the foundation for evaluating racial match as a relational protective factor. Supporting this hypothesis, Assari (2019) showed that racially concordant physician-patient relationships were associated with improved patient-reported communication and perceived emotional safety, all qualities that suggest that racial match may have downstream physiological implications when embedded in long-term care relationships.

### **Environmental Concordance and Emotional Outcomes**

Evidence from educational settings further suggests that racial concordance within school environments may mitigate stress and emotional withdrawal. Li et al. (2023) found that shared cultural or linguistic backgrounds between teachers and caregivers were associated with improved communication and fewer perceived barriers to engagement in Head Start programs. While this study does not directly assess student emotional outcomes, the findings suggest that

relational alignment between caregivers and educators can foster trust and reduce cultural misalignment, factors that indirectly support emotionally secure environments for children. This effect may be particularly meaningful for racially minoritized autistic youth, as demographic match both at the caregiver and educator levels may co-create emotionally protective climates that reduce both institutional stress and support social-emotional engagement.

### **Structural Stress and Institutional Navigation**

Beyond simply individual-level stress responses, racial concordance may also reduce institutional stress exposure as well. Hiller-Venegas et al. (2022) investigated the experiences of youth in public mental health settings, finding that racially discordant encounters often led to miscommunication, feelings of invalidation, and avoidance of services. In contrast, clients who were able to work with providers who shared similar cultural or racial backgrounds reported reduced anxiety when accessing services in addition to greater confidence in the therapeutic relationship.

### **Cultural Compatibility and Somatic Expression**

Additionally, insight into the biological dimensions of concordance comes from Flaskerud & Hu (1994), who investigated mental health treatment outcomes among Asian-American clients. The authors found cultural match, which included ethnic dimensions, to be associated with reductions in somatic symptom severity, such as headaches, fatigue, and appetite disturbances. These findings suggest that a biological foundation for racially and culturally attuned care, influencing how stress and emotional distress are biologically expressed and resolved. The collective findings of these studies illustrate the potential for racially concordant environments to mitigate racialized stress exposure and foster physiological and emotional equilibrium, factors that are relevant in the developmental trajectories of racially minoritized autistic individuals.

## **Discussion**

This scoping review examined how racial and ethnic concordance, defined as shared racial identity between providers and recipients, has been conceptualized, implemented, or studied across clinical, educational, and behavioral health contexts. By organizing findings into three interrelated domains: social, behavioral, and biological/stress-related outcomes, this review mapped the range of empirical and conceptual pathways through which concordance may influence relational dynamics and care outcomes. Across these domains, racial concordance was consistently associated with increased interpersonal trust, reduced behavioral misinterpretation, greater relational closeness, and mitigated stress responses, particularly being significant among racially and ethnically minoritized populations. Even though these findings are preliminary, evidence involving racial concordance functioning as a moderator of engagement and treatment responsiveness holds critical implications for ASD intervention frameworks, which often rely on behavioral modeling, sustained interaction, and relational safety (Sue et al., 1991; Cheng et al., 2023; Burkett et al., 2015; Dababnah et al., 2018; Zuckerman et al., 2014).

Notably, despite the relevance of this relational alignment in autism care, none of the 20 included studies directly investigated racial concordance in ASD-specific contexts. This gap reflects a broader absence of culturally attuned relational theory in autism intervention research, where most efforts to address disparities are focused on content-level adaptations (e.g., translation, visual representation) rather than provider-recipient dynamics (Grinker et al., 2012; Ennis-Cole et al., 2013). Given that most autistic individuals, particularly those of minoritized status, may be more vulnerable to misinterpretation, behavioral stigma, and relational mistrust (Mandell et al., 2007; Zuckerman et al., 2014; Burkett et al., 2015), the potential relevance of racial concordance in ASD settings is significant. For example, the behavioral findings from

education and psychiatry literature suggests that racially concordant providers are more likely to interpret behavior within a culturally appropriate context, which ultimately reduces the risk of labeling normative behaviors (e.g., quietness, directness, masking) as defiance or dysfunction. Within ASD care, where such behavioral interpretations often guide diagnostic and intervention decisions, this misalignment may be particularly consequential.

The findings also reinforce the idea that racial concordance may buffer against institutional stressors, such as racial invalidation, microaggressions, or relational distance, which disproportionately affects families of color when navigating autism intervention services. Findings from both healthcare and education fields were associated with decreased dropout, improved emotional regulation, and higher treatment adherence, all of which being crucial predictors of success in ASD intervention outcomes (Sue et al., 1991; Cheng et al., 2023; Moore et al., 2023; Flaskerud, 1986; Ojeda et al., 2021; Musson & Loomis, 2024). While these patterns cannot be assumed to directly transfer to ASD contexts without empirical validation, they do inherently suggest that concordance may be a necessary component of culturally responsive autism care. This review therefore advances a relational model of equity in ASD interventions, one that moves beyond static demographic “diversity” toward dynamic, attuned, and trust-based therapeutic relationships.

Despite promising patterns being observed across the included studies, the findings regarding racial concordance were not uniformly consistent. Several studies reported null or mixed results, underscoring the context-specific nature of racial concordance and cautioning its interpretation as a universally effective strategy. For instance, Cheng et al. (2023) found no significant differences in patient-reported working alliance across racial concordant and discordant dyads, with benefits only emerging in observer-rated measures after long-term

engagement. Similarly, Maramba and Hall's (2002) meta-analysis revealed small effect sizes for racial match on session attendance and dropout reduction, as well as no significant effects on clinical improvement outcomes. Morgan & Hu (2023) also reported that the impact of student-teacher racial match on behavioral assessments varied across subgroups, showing stronger effects for Black girls but not consistent patterns for Black boys, Hispanic students, or those in gifted education programs. These collective findings highlight that racial concordance alone is not a panacea; its effects appear contingent upon relationship length, identity intersectionality, and contextual fit. This variability reinforces the need for future ASD research to move beyond binary models of match/no-match and instead investigate under what conditions, and for whom, concordance exerts meaningful influence on relational and behavioral outcomes.

### **Limitations**

While this review offers important insights into how racial and ethnic concordance may shape relational dynamics in care, several limitations must be noted. First, the scoping review methodology does not explicitly include a quality or risk of bias testing within individual studies, limiting the ability to draw conclusions about the strength or causality of observed effects. Secondly, the included studies varied widely in design, population, and outcomes measures, complicating the direct comparison and synthesis of results. Consequently, although this review aimed to explore applications to ASD care, none of the included studies were autism-specific, meaning all implications for autism intervention remain theoretical until empirically tested. Additionally, as the full-text review process is still ongoing (with 110 articles remaining for screening), the current findings reflect a preliminary synthesis that may expand or shift with future updates. Future articles may contribute concrete examples of concordance being used in ASD-specific interventions, broaden the range of associated outcomes, or introduce discordant

findings that challenge previous results. These additions could refine the thematic structure of this review or deepen its implications for culturally-attuned practice. Lastly, racial concordance was operationalized inconsistently across studies, ranging from individual provider match to broader institutional representation, which may have contributed to variability in reported outcomes. These limitations underscore the need for more rigorous, ASD-focused research that systematically examines relational and cultural variables in treatment engagement and outcomes.

### **Conclusion**

This scoping review mapped the existing literature on racial and ethnic concordance across education, healthcare, and psychiatry fields to explore its potential relevance for autism intervention. While no studies were observed directly examining concordance in ASD-specific contexts, cross-disciplinary evidence suggests that relational alignment may foster trust, mitigate bias, and improve treatment engagement. These findings highlight the need for a shift toward culturally attuned, relationship-centered models of care in autism services, which directly include racial concordance from either an individual or empirical standpoint. Future research should empirically investigate how racial concordance operates within ASD interventions and under which conditions it may improve social, behavioral, and emotional outcomes. In doing so, the field can move beyond superficial cultural adaptation towards equity-driven, relationally grounded systems of support.

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**Figure 1. Search Strategy by Database**

| Database | Search Focus          | Search String                                                                                                                                                                                                                                                                                                                                                                   | Results |
|----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| PubMed   | ASD Search            | (Autism OR "Autism Spectrum Disorder" OR ASD OR Autistic) AND (intervent* OR treatment* OR therap*) AND ("racial match" OR "racial concordance" OR "ethnic match" OR "ethnic concordance" OR "cultural competence" OR "cultural responsiveness" OR "cultural adaptation" OR "culturally-tailored" OR "racial socialization" OR "cultural consonance" OR "cultural sensitivity") | 68      |
| PubMed   | Education Search      | (Education) AND ("racial match" OR "racial concordance" OR "ethnic match" OR "ethnic concordance")                                                                                                                                                                                                                                                                              | 86      |
| PubMed   | Healthcare Search     | (Healthcare) AND ("racial match" OR "racial concordance" OR "ethnic match" OR "ethnic concordance")                                                                                                                                                                                                                                                                             | 145     |
| PubMed   | Psychology/Psychiatry | (Psychology OR Psychiatry) AND ("racial match" OR "racial concordance" OR "ethnic match" OR "ethnic concordance")                                                                                                                                                                                                                                                               | 103     |
| ERIC     | ASD Search            | (Autism OR "Autism Spectrum Disorder"                                                                                                                                                                                                                                                                                                                                           | 20      |

|          |                       |                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|          |                       | OR ASD OR Autistic)<br>AND (intervent* OR<br>treatment* OR<br>therap*) AND<br>("racial match" OR<br>"racial concordance"<br>OR "ethnic match"<br>OR "ethnic<br>concordance" OR<br>"cultural<br>competence" OR<br>"cultural<br>responsiveness" OR<br>"cultural<br>adaptation" OR<br>"culturally-tailored"<br>OR "racial<br>socialization" OR<br>"cultural<br>consonance" OR<br>"cultural<br>sensitivity") |     |
| ERIC     | Education Search      | (Education) AND<br>("racial match" OR<br>"racial concordance"<br>OR "ethnic match"<br>OR "ethnic<br>concordance")                                                                                                                                                                                                                                                                                        | 33  |
| ERIC     | Healthcare Search     | (Healthcare) AND<br>("racial match" OR<br>"racial concordance"<br>OR "ethnic match"<br>OR "ethnic<br>concordance")                                                                                                                                                                                                                                                                                       | 1   |
| ERIC     | Psychology/Psychiatry | (Psychology OR<br>Psychiatry) AND<br>("racial match" OR<br>"racial concordance"<br>OR "ethnic match"<br>OR "ethnic<br>concordance")                                                                                                                                                                                                                                                                      | 22  |
| PsycINFO | ASD Search            | (Autism OR Autism<br>Spectrum Disorder<br>OR ASD OR Autistic)<br>AND (intervention*<br>OR treatment* OR<br>therapy*) AND<br>(racial match OR<br>racial concordance<br>OR ethnic match OR                                                                                                                                                                                                                 | 354 |

|          |                       |                                                                                                                                                                                                                              |     |
|----------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|          |                       | ethnic concordance<br>OR cultural<br>competence OR<br>cultural<br>responsiveness OR<br>cultural adaptation<br>OR culturally-<br>tailored OR Racial<br>socialization OR<br>cultural consonance<br>OR cultural<br>sensitivity) |     |
| PsycINFO | Education Search      | (Education) AND<br>(racial match OR<br>racial concordance<br>OR ethnic match OR<br>ethnic concordance)                                                                                                                       | 220 |
| PsycINFO | Healthcare Search     | (Healthcare) AND<br>(racial match OR<br>racial concordance<br>OR ethnic match OR<br>ethnic concordance)                                                                                                                      | 69  |
| PsycINFO | Psychology/Psychiatry | (Psychology OR<br>Psychiatry) AND<br>(racial match OR<br>racial concordance<br>OR ethnic match OR<br>ethnic concordance)                                                                                                     | 353 |

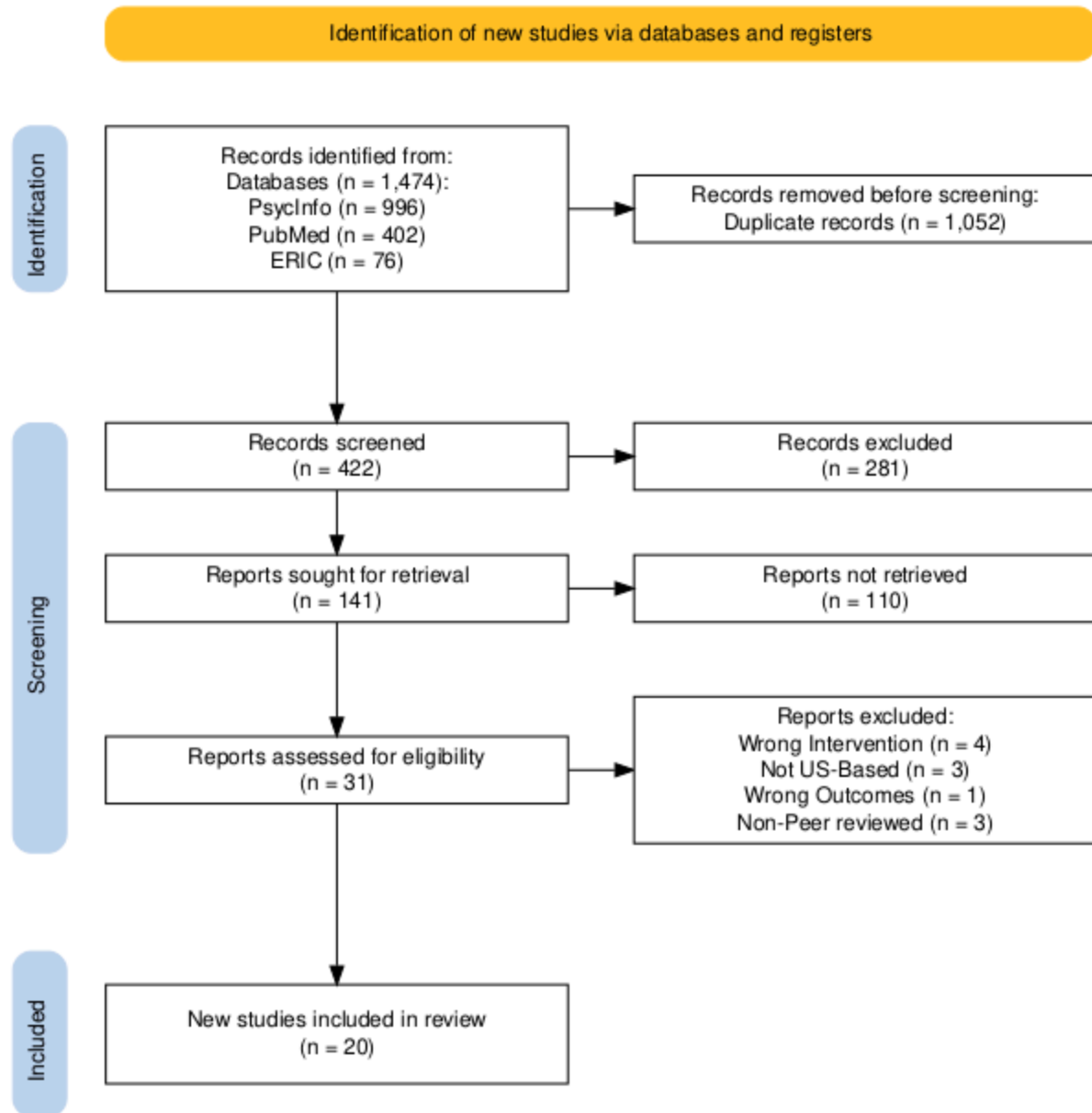


**Figure 2: PRISMA Diagram**

**Table 1. Summary of Included Articles**

| Author(s), Year         | Study Population          | Context / Field | Concordance Type | Reported Outcomes                                                     | Methodology  | Key Findings                                                                                     |
|-------------------------|---------------------------|-----------------|------------------|-----------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------|
| Blanchard et al. (2007) | Black and Latinx patients | Healthcare      | Implicit         | Reduced perceptions of mistreatment and increased institutional trust | Quantitative | Concordance with both providers and staff decreased reported discrimination and enhanced safety. |

|                            |                                      |                         |          |                                                                                                                                                        |               |                                                                                                                                                                            |
|----------------------------|--------------------------------------|-------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ojeda et al. (2021)        | Latinx adults in outpatient programs | Mental Health           | Explicit | Increased service engagement and cultural alignment                                                                                                    | Quantitative  | Racially concordant peer specialists eliminated service disparities and promoted inclusion.                                                                                |
| Partika (2023)             | Dual Language Learners (DLLs)        | Education               | Implicit | Improved attention and memory regulation                                                                                                               | Quantitative  | Culturally and linguistically concordant teachers supported executive functioning skills.                                                                                  |
| Lo & Bahar (2013)          | Immigrant patients                   | Healthcare              | Implicit | Co-ethnic healthcare providers were perceived as more culturally respectful and trustworthy                                                            | Qualitative   | Shared ethnic identity shaped patients' perceptions of legitimacy, fostering trust and deeper relational authority                                                         |
| Soliday Hong et al. (2023) | Black preschool students             | Education               | Explicit | Fewer behavioral concerns and greater initiative                                                                                                       | Quantitative  | Matched teachers improved emotional outcomes, especially when both assistant and lead teachers matched.                                                                    |
| Li et al. (2023)           | Racially diverse pre-adolescents     | Education               | Implicit | Primary language match between caregivers and teachers was associated with fewer perceived cultural and relational barriers to school-based engagement | Quantitative  | Caregiver-teacher demographic alignment, particularly involving language, facilitated trust and improved communication in ethnoculturally diverse early education settings |
| Bates and Glick (2013)     | Black and Latino students            | Education               | Implicit | Lower behavioral problem ratings                                                                                                                       | Quantitative  | Racial match with teachers reduced biased behavior assessments, particularly in less diverse schools.                                                                      |
| Zane and Ku (2014)         | Asian-American clients               | Therapy                 | Implicit | Reduced perceived resistance and enhanced alliance                                                                                                     | Quantitative  | Concordance reduced misreading of cultural behaviors like indirectness and silence.                                                                                        |
| Foster et al. (2009)       | Black caregivers                     | Family Therapy          | Implicit | Greater responsiveness and engagement                                                                                                                  | Quantitative  | Black caregivers responded more positively to relational warmth in racially matched dyads.                                                                                 |
| Cheng et al. (2023)        | Behavioral health patients           | Mental Health           | Explicit | Longer treatment duration and improved alliance                                                                                                        | Mixed Methods | Racially concordant dyads showed enhanced observer-rated alliance and longer care episodes.                                                                                |
| Sue et al. (1991)          | Black and Asian-American clients     | Community Mental Health | Explicit | Higher attendance and lower dropout                                                                                                                    | Quantitative  | Ethnic match predicted session adherence and satisfaction across diverse populations.                                                                                      |

|                               |                                  |                             |          |                                                            |                        |                                                                                                                |
|-------------------------------|----------------------------------|-----------------------------|----------|------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------|
| Musson & Loomis (2025)        | Teachers and students            | Education                   | Implicit | Relational closeness and reduced behavioral friction       | Quantitative           | Student-teacher match increased emotional responsiveness and reduced conflict.                                 |
| Flaskerud (1986)              | Latinx behavioral health clients | Mental Health               | Explicit | Greater adherence to behavioral health treatment           | Quantitative           | Culturally compatible care improved retention and treatment cooperation.                                       |
| Morgan & Hu (2023)            | Elementary students              | Education                   | Implicit | Fewer externalizing behaviors in matched classrooms        | Quantitative           | Behavioral improvement linked to trust and communication in racially aligned classrooms.                       |
| Maramba and Hall (2002)       | Multiple minority populations    | Meta-Analysis               | Implicit | Improved attendance and reduced dropout                    | Meta-Analyses          | Racial match had small but reliable effects on behavioral adherence, not global outcomes.                      |
| Williams et al. (2019)        | Racially minoritized adults      | Health Disparities Research | Implicit | Stress pathway disruption from racialized stressors        | Review (Mixed-Methods) | Microaggressions and bias elevated allostatic load; racially affirming settings hypothesized to buffer stress. |
| Assari (2019)                 | Black and minority patients      | Primary Care                | Implicit | Increased perceived emotional safety and communication     | Quantitative           | Racially matched physicians improved relational trust and communication satisfaction.                          |
| Urbina-Johanson et al. (2025) | Black, Latine, White students    | Education                   | Implicit | Reduced depressive symptoms in high ethnic density schools | Quantitative           | Teacher racial match amplified the protective effect of peer racial density.                                   |
| Hiller-Venegas et al. (2022)  | Youth in public mental health    | Mental Health Services      | Implicit | Reduced service avoidance and invalidation                 | Qualitative            | Matched providers improved youth comfort and reduced navigation stress.                                        |
| Flaskerud and Hu (1994)       | Asian-American clients           | Therapy                     | Explicit | Improved somatic symptom outcomes                          | Quantitative           | Cultural match reduced somatic expressions of stress (e.g., fatigue, headaches).                               |

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