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# Identity Development in Autistic Third Culture Kids: Implications for Counselors

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## Introduction

Third Culture Kids (TCKs) are people who live in more than one cultural context during their developmental years (Jones et al., 2022). TCKs may experience frequent moves across cultures, which can create difficulties in maintaining friendships due to distance and assimilation (Davis & Baraka, 2021). Autistic TCKs face unique challenges due to their intersecting identities. Since identity development in children and adolescents is a critical time where they engage in exploring their self-concept, autistic TCKs experience differences in how they connect socially, process information, and regulate emotions. We reviewed available literature to explore the diverse range of factors that shape identity development in Autistic TCKs (Botha & Gillespie-Lynch, 2022; Kapetansky, 2022; Root, 1998). Our poster provides pertinent information for counselors who work with Autistic TCK clients and provide implications for quality therapeutic practice.

## Definitions

The DSM-5 has two main defining criteria for Autism Spectrum Disorder (ASD). These criteria broadly conceptualize ASD as “persistent deficits in social communication and social interaction across multiple contexts” and “restricted, repetitive patterns of behavior, interests, or activities,” which cause functional impairment (APA, 2022).

The DSM-5 presents three levels of severity for ASD. Level one will be used when referring autistic identity in this poster. Level one ASD requires less substantial support than levels two and three. Without supports in place, deficits in social communication are more noticeable, and inflexibility of behavior causes more significant interference with functioning (APA, 2022).

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## Autistic-TCK Identity Model



(Bronfenbrenner, 1994; Giboi & Nath, 2023; Root, 1999; Botha & Gillespie-Lynch, 2022; Jones et al., 2022)

## Counseling Implications & Considerations

There are significant challenges for autistic third culture kids to receive professional mental health care internationally. This can be due to many reasons, such as barriers to care, lack of educational materials, stigma, and finding professionals who have expertise in neurodiversity. It is important to note that the Autism diagnosis is perceived from a Western perspective, which is not a globally accepted norm. There are language barriers in communicating terms like autism and neurodiversity. TCKs may not accept or agree with the diagnosis if they are unfamiliar with it.

Disclosing autism may have unique sociocultural implications in different countries. David & Henderson (2010) discuss using qualified deception as a strategy in instances where an autistic person does not want to disclose. Some examples are saying, “I have trouble hearing in a noisy area” when at a loud market or “I have a food allergy” to explain not eating something due to dislike of certain textures (Davidson & Henderson, 2010).

Co-occurring disorders are common for neurodivergent people, both mental health disorders and health diseases. (Botha, M., & Gillespie-Lynch, K., 2022). Autistic people are more likely to be a sexual or gender minority. (Botha, M., & Gillespie-Lynch, K., (2022). A thorough assessment process may help identify co-occurring disorders and screen for existing health diseases. There may be limitations to assessments due to the western perspective they hold compared to the international worldview TCKs have.

Loneliness is a possibility, considering how a multifaceted perspective creates a unique worldview that would be difficult to find reliable with others. Autistic TCKs could be well-versed in masking as a learned adaptation to new cultures and systems.

Online forums, social groups, or group therapy could be helpful for autistic third culture kids to connect with people that have similar life experiences, which can support clients who feel lonely because of an intersectional worldview.

Autistic TCKs have different worldviews in the microsystem, dependent on the type of expat jobs their parents have, which shapes interpersonal and intrapersonal connection. Some examples of TCKs are: missionary kids (MKs), diplomat kids, non-government organization (NGO) kids, business owner kids, and military kids.

We emphasize the necessity for curiosity and flexibility when highlighting how malleable, fluid, and flexible TCKs must be due to their personal identity development’s evolution navigating different cultural perspectives as an autistic person. An intersectional lens will foster flexibility, cultural humility, and cultivate broader understanding of diverse worldviews within the Psychological community. Cultural humility is key in counseling autistic third culture kids. A non-judgmental, curious counseling perspective that aims to be bias-free will create an environment that fosters connection and care (Davis, P. S., & Baraka, M. K., 2021).

## Future Research

The existing peer-reviewed research literature about TCKs and neurodivergent people are both limited. Future research would be useful to expand upon the lacking literature; it’s necessary to understand how clinicians can best serve this underrepresented population, which has few clinically relevant articles that discuss the lived reality of Autistic TCKs intersectionally.

Research about Autistic TCKs could examine: unique life experiences, resiliency, exposure to trauma, masking, strengths, co-morbid disorders, co-morbid health diseases, and how moving internationally informs identity and personal development.

Future research developments in intersectionality such as: sexuality, gender, race, and ethnicity may create a wider, inclusive perspective for the Clinical Psychology community.

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