

***A GROUP OF THEIR OWN: A Clinical Support Program for
Autistic/Neurodiverse Gender-Diverse Youth and Their Parents***

Clinical Guide

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1. INTRODUCTION

The co-occurrence of autism (and broader autism-related neurodiversity characteristics) and gender diversity (e.g., gender identity diversity, gender expression diversity, gender incongruence) in adolescents is common. In fact, recent studies have reported that between 6% and 22.5% of transgender/gender-diverse youth are autistic.¹⁻³ Emerging evidence suggests that by adulthood, up to 15% of autistic individuals identify to some extent as a gender different than their sex assigned at birth.⁴ Gender-diverse neurodiverse adolescents' experiences, needs, risk factors, and resilience factors are poorly understood, and support and clinical care approaches are lacking. Existing research and clinical efforts have been primarily clinician- and researcher-driven, and have not included the perspectives of autistic gender-diverse people in the interpretation and contextualization of findings/recommendations.⁵ Therefore, in the development of this model for group-based supports, we engaged in a partnership with autistic gender-diverse youth, parents of autistic gender-diverse youth, community stakeholders involved in the support and care of gender-diverse and autistic people, and advocates who are autistic and/or gender diverse. The resulting set of group-based support approaches incorporate input from this broad community of contributors. The author list for this clinical guide document includes those clinicians and support personnel who directly contributed to the organization and writing down of the techniques and approaches. This is the suggested citation for this group program guide:

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And the following is the published article describing the research development of this program:

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2. GROUP GOALS AND FRAMEWORK

The group model, as described in this document, employs a range of multi-disciplinary methods to support gender-diverse neurodiverse youth needs. These approaches include: unconditional positive regard; identity therapy techniques; cognitive behavioral supports, strategies, routines, and scripts; speech-language therapy targeting social communication and gender-related voice supports; gender-style coaching; occupational therapy-related motor supports for gender-styling; and separate group programming for parent groups. The group techniques draw directly from the youth and parent needs assessments that were

administered to participants during the early iterations of the group program (see the research publication cited above for more detail regarding the needs assessments). It is important to note that at the time of publication of this guide, the techniques developed with the youth and families do not have empirical support other than: (1) evidence in parallel fields from which some of the techniques are borrowed (e.g., script-based cognitive behavioral therapies,⁶ social communication-related interventions⁷) and (2) the utility ratings provided by youth and parents (as reported in the research publication). Therefore, this group model must be understood as preliminary.

2.1 Group aims: Given the challenges that autistic and neurodiverse youth may experience interacting in group settings, along with the uniqueness of this support program (i.e., the lack of other similar options available to gender-diverse neurodiverse youth), a foundational goal of the program has been to build youth enthusiasm for attending the groups by fostering a warm, welcoming, affirming, and gender- and autism-friendly atmosphere. Importantly, many youth who have participated in the program concurrently received support for gender and autism needs through additional clinical and community programs. These various supports have included individual psychotherapy, psychiatric medication management, gender affirming medicine, autism-related interventions, and school programs. The group program was developed to address what these individual services could not provide – that is, the opportunity for these youth to connect with others sharing a similar journey (i.e., youth experiencing both neurodiversity *and* gender diversity). Therefore, a primary aim of the group model is to address *unique* needs of youth and families related specifically to the co-occurrence of gender diversity and neurodiversity. Techniques and approaches focus on: (1) supporting a sense of belonging, pride, insight, and hopefulness, (2) creating an atmosphere that best supports youth gender exploration, discernment, and affirmation, and (3) providing autism-related learning/coping supports (e.g., executive function, social problem solving, motor).

2.2 Group composition: The clinical groups from which these techniques were derived met once monthly, and were small to medium-sized groups of 3 to 10 members. Smaller groups were offered for youth felt to be at higher risk of overload (e.g., youth who showed increased anxiety, withdrawal, or dysregulation in more socially-demanding settings). Larger groups included youth with more developed social and/or coping skills. Groups were organized largely based on age and/or maturity, though in some cases the best interpersonal matching included youth with diverse age and maturity levels. This was most common when a younger individual benefited from the supports of older group members (e.g., an older “buddy”), or when an older group member experienced the emotional benefits of assuming a mentorship role. Staffing resources to support spontaneous small “pull-out” groups (of 2-3 youth) provided flexibility for when group members were experiencing overload or when group discussions/activities focused on specific subgroups (e.g., topics relevant to trans girls).

Results of the participatory process with youth and parents emphasized the importance of welcoming diverse individuals to group (i.e., reflecting a range of genders and gender trajectories), as well as the group’s special role in supporting neurodiverse gender-diverse youth specifically. The approaches described in this guide are intended for youth who have begun to experience puberty or who are adolescents (i.e., ages 12-19 approximately). The

program is designed for youth on the autism spectrum as well as youth with significant sub-threshold autistic characteristics. Although only youth on the autism spectrum or with broader autism phenotype presentations were included in the participatory research process that developed these techniques, our groups have also welcomed some gender-diverse youth with social anxiety without autism. Anecdotally, the groups, through their proactive social supports, have supported such anxious non-autistic young people to engage and better self-advocate. The approaches provide a level of structured support that general LGBTQ groups do not typically provide.

While it is not expected that cisgender LGBTQ youth be intentionally recruited for the group, group facilitators may wish to emphasize that all people are welcome to participate, including both gender-diverse and cisgender youth. This may be helpful given the likelihood that some group members will be in the process of exploring different possible genders and some may ultimately identify as cisgender. We prioritize giving clear cues to young people that they will continue to be welcomed and supported no matter where their gender journey leads, including if they move away from transgender or nonbinary identity. Welcoming youth of all gender identities (including those exploring a cisgender identity) may also help alleviate parent concerns that “all or nothing” thinking might drive some gender identification, particularly if the group were to welcome transgender youth only.

The group model allows for rolling admissions to the group programs. This approach enables newly-identified youth to be connected with this service quickly. The program in some ways mirrors the “feel” of community support groups in its aim to build authentic community among participants, which is supported by fostering youth connections over time. Discrete stop/starts for different group cohorts would interrupt the potential for such deeper connection – connection which the youth have indicated is therapeutically critical. In fact, many of the participants in initial iterations of this group continued involvement for years, with some returning to group as visiting adults and serving as mentors and role models for younger members.

2.3 Group frequency: In our program, the frequency of group meetings (i.e., monthly) has been informed by several factors. First, given the uniqueness of the program, families from the metropolitan areas participated as well as families from more rural areas. This meant that some families drove more than an hour to participate. Weekly meetings would have been too burdensome. Also, many of the youth were engaged in various other therapeutic supports, with the co-occurrence representing one of many facets of their lives; meeting monthly provided group support without over-burdening families who maintained busy schedules of other supports/therapies. Finally, preparations for each of the group sessions required extensive planning, such as invitation and scheduling of visitor role models. The level of preparation required for each group session would not have been sustainable on a weekly basis.

2.4 Multidisciplinary interventionist teams: Youth and parents have shared that it is important to provide a group specifically for autistic/neurodiverse gender-diverse youth because more generic gender programs may not accommodate neurodiversity, and autism-specific programs may not be tailored to the needs of gender-diverse youth. We have

included group facilitators who are experienced in both autism spectrum differences and gender diversity, with the following skillsets:

- Understanding of learning styles in autism that play to the young person's strengths (e.g., for some youth, the use of visuals);
- Interpersonal ability to engage and connect with autistic youth;
- Sensitivity to autistic youths' needs within a group setting;
- Expertise supporting gender-diverse youth to achieve their needed/desired gender expressions;
- Experience navigating systems of gender care; and
- Experience with broad issues of importance to gender-diverse youth.

The following staff have supported/facilitated our separate youth and parent groups:

Youth Group

Psychotherapists (trained in both autism and gender diversity/transgender care): lead the group sessions; provide teaching and discussion regarding key topics and areas of intervention (see below); provide autism-related learning accommodations; support youth in need of small-group pullouts; provide support for youth who struggle to engage appropriately or effectively; manage safety concerns.

Speech-language pathologists (trained in autism-related communication and gender/transgender voice therapy): assist in leading the group curriculum; provide group and individual supports for social language needs; provide group and individual supports for gender-related vocal and nonverbal communication (e.g., therapy teaching non-injurious vocal approaches for achieving desired gender-related speaking voice).

Gender style specialists (volunteers and/or psychotherapists with expertise/skill in gender-related style): provide individual and group coaching and teaching around gender style (e.g., how to apply makeup, how to order clothes to match gender needs/preferences, how to use body language to communicate gender); support sensory challenges, fine motor weaknesses, executive dysfunction, and anxiety in youth regarding gender style skills (e.g., managing the fine motor demands of applying makeup); help youth increase awareness regarding gender style conventions (when requested by youth).

Parent group facilitators (autism and gender specialists): The psychotherapists and speech-language specialists may rotate meeting with the parents to facilitate the parent groups and parent curriculum (see 3.9 below).

Gender specialists (including medical gender doctors) available outside of group to discuss medical gender needs: Gender specialists are available to speak with youth one-to-one in individual sessions scheduled outside of group time. For reasons described in 3.8 below, medical gender approaches are not discussed as part of the group sessions.

3. GROUP CONTENT: TECHNIQUES, ROUTINES, AND TOPICS

3.1 Learning and information processing supports for neurodiverse youth: Autism-related neurodiversity may impact group interactions and participation, and there will likely be variable learning styles among youth. Communication styles will also likely vary in this population, with some loquacious youth and others who speak infrequently. There will likely be variable skill levels for understanding abstract concepts, including some gender-related concepts. Very strong interests/specific topics in conversation can enhance rapport for some youth while causing others to feel left-out or annoyed, and certain types of conversations may be overloading for some group members. Some group members may struggle to engage in appropriate behaviors for the group setting. Youth struggling with anxiety and/or overload/overwhelm often require supports, including at times one-to-one support. Individual support may be required for youth with self-harm concerns/suicidality, or with urgent gender-related needs that are inappropriate to discuss within the larger group settings. Specific recommended accommodations/supports to address the above concerns include:

- Providing structure and a predictable schedule (reviewed at the beginning of group and kept fairly consistent between group sessions);
- Breaking group into smaller subgroups to foster a positive “chemistry” (i.e., well-matched youth) and to reduce overload;
- Offering one-to-one support when needed due to behavioral, emotional, safety, or medical gender-related needs;
- Providing support for socialization (e.g., providing new members a “buddy”; partnering a peer mentor with specific group members; supporting shared interests/activities to increase engagement/socialization);
- Using visual supports and other specific teaching styles tailored for neurodiverse youth (e.g., use of PowerPoints for each group; use of posters and other visuals; allowing youth to communicate in their preferred modality; role-play for teaching);
- Reducing use of abstract language and providing support for abstract concepts (e.g., making abstract gender concepts concrete; supporting abstraction with clarifying visuals/demonstrations); and
- Presenting the group with a range of options to select from, which allows the interests of group members to drive some decision-making, thereby building the group members’ motivation to engage.

3.2 Scripts and routines to welcome everyone, no matter where they are on the gender spectrum, and to promote gender exploration: A common set of scripts and routines are used consistently in each group session to model a welcoming space and communicate an openness to diverse gender identities, gender expressions, and gender exploration. Scripts and routines are employed for several reasons:

- Autistic youth may have differences in their flexibility skills and flexible thinking;
- Scripts and routines may be well-aligned to autistic thinking styles (i.e., the ability to get “stuck” on details⁶);

- Specific types of scripts can enhance flexibility in autistic youth⁶;
- Flexibility differences in autism may impact exploration of gender expression and identity; and
- Enhanced flexibility may help autistic youth to explore a range of possible gender paths, including those that are binary or less binary.

Fluidity of gender identity has been observed in some youth participating in these groups. Some youth may show an intensification of their gender expression and/or greater clarity regarding their transgender/nonbinary identity. Others may move away from gender-diverse identities altogether. A primary theme in the group is acceptance that gender and gender expression can stay the same or change over time, and that everyone is welcome no matter where they are in their “gender journey” or where that gender journey will ultimately lead. This approach allows youth of all genders and gender trajectories to feel welcome (i.e., that the group is more than a “transgender-only” group).

The following scripts and routines can be used during each group session by the facilitators and presented in visuals (e.g., PowerPoints). Scripts and routines can be presented in a fun and playful manner (e.g., using banter, joking, and even some silliness to engage the group with the scripts and keep the feeling “light”). The group members may join in a playful “call and response” with the facilitators, and may also enjoy adding humor to the scripts/routines:

Key scripts (i.e., language that is used and modeled repeatedly):

Gender journey (we are all on a gender journey, and there can be surprises along the way)

Gender can be fluid and change. And it can also stay the same.

Is this a cisgender group? [Call and possible response: “No, but cisgender people are welcome, and so are transgender people”]

Is this a transgender group? [Call and possible response: “Not exactly – anyone on the gender spectrum is welcome”]

What if your gender changes, are you welcome here? [Yes]

What if your gender stays the same, are you welcome here? [Yes]

The following is an example of a sequence of questions (using the scripts) to start a group session (call and possible responses spoken by group members):

Are transgender people welcome here?

[Yes!]

How about nonbinary people – are they welcome here?

[Yes!]

Ok, so is this a transgender group?

[No; well, kind of – they are welcome]

What about people whose gender changes month to month – are they welcome?

[Yes!]

Ok, so if someone is cisgender one month, and then they are nonbinary, are they welcome?

[Of course]

What about if someone is nonbinary and then they change and are binary-transgender, are they welcome?

[Yes!]

Ok, and what if someone is transgender and then they become cisgender, are they welcome?

[Yes!]

Ok, what if someone's gender always stays the same, are they welcome? [Of course!]

Great, so this is a place that welcomes everyone – no matter where they are on their gender journey. I love that we welcome everyone here!

The special sense of fairness and justice present in many teens on the autism spectrum, supports the description of group as a place that welcomes everyone on the gender spectrum, including people for whom gender changes or stays the same. This can be reinforced through the following scripts (call and possible responses):

Does gender always stay the same?

[No]

Ok, so sometimes it is fluid and changes?

[Yes]

And sometimes it stays the same?

[Yes]

Is it ok if some people's gender changes and develops between groups?

[Yes]

And is it ok if some people have the same gender each group?

[Yes]

Whenever question sequences like these are presented, a range of responses may be given by group members. The bracketed responses above reflect the common responses we have heard from youth when these questions are asked. When there are contrasting responses provided by different group members, this may be an opportunity for discussion, exploration, and insight. There is also the possibility when asking these questions that potentially hurtful or problematic responses may be offered by group members. We have found that such moments may be opportunities for social learning and insight, which may occur within the group setting (immediately), or later in pull-out sessions with a group facilitator.

A name and pronoun check-in routine can be scheduled at the beginning of each group session, with the group facilitators modeling flexible and affirming approaches to gender. The name/pronoun check-in may be introduced with a scripted statement, such as:

“Ok, so we know that names and pronouns can stay the same, or they can change. That’s why we have a chance to introduce ourselves at the beginning of group. We can say our name and pronouns. This is optional – and you can pass if you want to. I’ll go first. Alright, let’s see – today I am going by Wendy and ‘she’ and ‘her’ fits me best. Who’s next?”

At times, group facilitators may highlight the nuance of gender experiences using metrics as alternatives to all-or-nothing gender-related characterizations. For example, a gender-expansive group facilitator may make statements such as:

“Well, you know me - I’m always a mix of male and female. Today, I’m feeling 70% male and 30% female. Overall I feel male, so I’ll go with ‘he’ and ‘him’”.

This can also lead into a discussion about how some people can have feelings of different genders at the same time – that this is okay and that for many, it is a normal part of their gender journey.

A PowerPoint slide containing images of various gender identity (and sexual orientation identity) pride flags can be presented at the beginning of group. Neurodiversity pride images, including LGBTQ neurodiversity pride, may be included as well. The flags may offer a concrete jumping-off point for conversations about diverse identities, and also communicate in a visual way the group’s flexible welcome of many different gender paths and neurodiversity. Additionally, the flags may provide teaching around various gender experiences and gender-related vocabulary. Time may be spent “polling” group members on which identities are represented, and some group members may propose additional flags to be added.

3.3 Informal (but supported) opportunities for group members to connect socially with one another: Opportunities to connect informally with other group members has been identified by youth as one of the most important components of the group, but the young people have also noted the impact of autism-related diversity as a challenge during these more open-ended interactions. Several approaches may be employed to support youth in their interactions/conversations with one another:

- Provide a mix of structured and unstructured time/activities during each group session. This may relieve some of the social overload that can arise from more extended open-ended social interaction, and also allow for specific teaching components during each group.
- Intentionally group youth into well-matched and smaller subgroups during the open-ended times.
- Provide opportunities for youth to select from a number of different activities during less-structured times (e.g., trying on clothing, talking), and also include options for more structured and/or less-interactive activities (e.g., drawing, construction).
- Provide social teaching and supports in preparation for and during informal social time (e.g., interventions to help build conversations and connections between youth; individual “check-ins” with youth who need reminders regarding social expectations prior to larger group engagement).
- Support the group members in opportunities for party planning (i.e., planning in a group session for an upcoming group party). Parties (e.g., video game parties, food-related events, holiday themed celebrations) are enjoyable, and the party planning process allows for the teaching and practice of important skills: collaboration, self-advocacy, compromise, and executive function planning and organization. Consider

using a visual to support the party planning; the visual can help the group organize: (1) the goal, (2) steps of the plan, and (3) strategies for remembering and following through with the steps of the plan (e.g., setting reminders in phones for what to bring to the party).

- Given the rarity of meeting other peers with co-occurring gender diversity and neurodiversity in everyday life, youth may benefit from being allowed to develop friendships with other group members – friendships that extend outside of group. It is important for many youth with the co-occurrence to feel connected to others who have a similar life experience. Relaxing typical group therapy protocols (that discourage group members from developing friendships outside of group) requires clear and direct communication with the youth and their parents regarding the range of implications and possible risks (e.g., if the friendship sours).

3.4 Diverse role models visit group: The opportunity for the youth (and their parents) to meet with a range of role model visitors has been among the most popular aspects of the group program. Gender-diverse visitors who represent many different gender identities, gender “journeys,” and gender outcomes may help make abstract gender concepts concrete for neurodiverse youth. Well-vetted visitors discuss gender-related topics, such as how they figured out their gender and gender-related needs over time, how their gender and gender-related needs have been fluid or stayed the same, and how they experience pride in their gender-diversity. Visitors who are both neurodiverse and gender-diverse may play a special role in building insight and pride regarding the two identities. The following goals have guided the invitation and vetting of group visitors:

- **Diversity of visitors:** Experiencing the life stories of gender-diverse visitors who represent a broad range of genders, gender expressions, and gender journeys may help group members in their own process of gender discernment. Autistic youth may struggle with the abstraction and integration skills required to imagine and explore the many gender possibilities available to them. Meeting diverse role model visitors, including neurodiverse gender-diverse individuals, provides youth with a range of concrete examples of options and outcomes. For example, meeting a transgender visitor may help some group members to better understand what might be involved in the process of social gender affirmation (i.e., social transition); such ideas and knowledge may be only theoretical for some youth entering the group. And the inclusion of visitors with more nuanced gender trajectories may help some youth to identify similarities in their experiences, and possible new directions to explore. For example, a cisgender man with a strong feminine expression told his story of exploring a transgender female identity as a younger child, and over time (during his teen years) learning that a “femme” gender expression and male gender identity fit best. Hearing this story helped a group member to better understand that gender expression and gender identity can be independent (i.e., “I can be a masculine girl.”)
- **Practical guidance and teaching:** In addition to demonstrating/embodying a range of possible gender paths for the youth, visitors may also provide practical information about a variety of topics, such as how to legally change one’s name and gender marker

and how to navigate gender diversity within families, communities, schools, workplaces, and healthcare settings.

- **Ability to inspire hopefulness:** The gender-diverse visitors may inspire a sense of hopefulness in group members. By meeting role models who are living affirmed in their gender and who have successfully navigated a range of gender diversity- (and neurodiversity-) related challenges, group members may come to see that they have a hopeful future with attainable goals.
- **Opportunities to practice social interactions:** Meeting with visitors can provide group members with the opportunity to practice critical social communication and advocacy skills.

Tips for successful role model visits:

- **Help group members generate questions prior to meeting with the visitor:** If there are videos or articles available to help introduce the visitor prior to their visit, this may help youth develop questions while also generating enthusiasm for the upcoming visit and reducing the likelihood of overload (that could occur with a sudden unexpected visitor). Worksheets with question prompts and information about the visitor may help group members prepare questions in advance.
- **Support the group discussion:** Our groups have benefitted from the active involvement of speech-language therapists, who can assist youth in generating and phrasing questions and in building conversation.
- **Time with youth and parents:** Parents and caregivers have benefited from time meeting the role models visitors (separate from the youth), as it provides them concrete exemplars highlighting possible future outcomes of their own children.
- **Prepare with the visitor beforehand:** Careful vetting is essential for all visitors to ensure the experience will be meaningful and appropriate for the group members. The visitors may also benefit from an opportunity to learn about autism prior to the group, such as common autistic communication and thinking styles. Finally, visitors should be provided with some context regarding the broad welcome of the group (i.e., that it is a group for gender-diverse and gender-exploring youth broadly, and not just for transgender youth).

3.5 Gender-related exploration and supports: In addition to inviting gender-diverse role models as visitors (3.4 above), a range of approaches/techniques may be employed to facilitate gender-related exploration and gender-related learning:

- **Gender exploration:** As discussed above in 3.2, scripts and routines may be used to facilitate an atmosphere that is welcoming of all kinds of gender diversity and gender exploration. For some group members, it may be important to make explicit/concrete

that group is a place in which youth are safe to try out a new look, name, pronouns, etc. If this is not made explicit, some youth may struggle to know that they can safely explore in this way during group. Various gender expression options (and a private changing room) may be made available during group sessions, including clothing, accessories, and access to makeup.

- **Gender style supports:** Gender style coaches (see 2.4 above) may help support youth gender expression needs/goals. Some of the group members may not know how to accomplish their gender goals, such as how to dress to be seen as a certain gender, how to apply makeup, how to sit or move in a certain way, etc. When requested by youth, gender style specialists may provide concrete supports and training in gender expression. Depending on the group composition, this could involve working with fine-motor differences (e.g., how to style hair or apply makeup with fine motor challenges), sensory differences (e.g., how to manage the sensory aspects of new clothing), or executive function differences (e.g., how to develop a plan for obtaining appropriate clothing; how to remember to wear desired clothing each day). Importantly, gender style coaching has always been optional and youth driven, such that young people can decide whether they want to participate in it.

- **Speech/language therapy:** Speech language (S/L) therapy may help address a broad range of targets for youth within the larger group settings, as well as in smaller pullout groups. Youth in the program may seek speech language supports to address gender-related voice goals (e.g., speaking in a more “feminine” voice). Gender-related S/L therapy may be modified to accommodate autism-related differences in self- and social-awareness. Psychoeducation regarding gender-related vocal parameters can be provided (i.e., intonation, volume modulation, oral resonance, and pitch), with an emphasis on vocal health (i.e., modifying vocal parameters in a healthy manner to prevent damage to vocal folds). Vocal modifications in our group have focused primarily on the parameters of intonation and oral resonance, which can be safely modified and which have been shown to impact others’ perceptions of vocal femininity/masculinity. Youth may be provided concrete visual scales to rate their perception of how their current voice and communication aligns with their desired gender style (e.g., “on a scale from 1-5 how does your voice match your preferred gender style?”) Youth can then identify personal goals related to modification of vocal parameters, as well as social communication skills. Rating scales and peer feedback may be used in smaller pullout groups to facilitate youth self-awareness of progress. Home practice may be encouraged to facilitate generalization of target skills across settings.

- **Additional gender-related topics for discussion and teaching:**
 - How to manage bias and bullying
 - Navigating gender-diversity in the context of school, immediate family, extended family (e.g., coming out)
 - Civil rights and legal issues

- How to self-advocate for gender needs and supports across various systems (e.g., home, school, broader community)
- **Immediate supports for gender dysphoria/incongruence-related needs:** Intense gender dysphoria/incongruence-related stress may arise for individual group members, and depending on the group and topic, these youth may be supported within a smaller pull-out group or one-to-one. Care should be taken to both: (1) provide personally attuned support for gender dysphoria and (2) accommodate the needs of other group members who may be overloaded by more emotionally intense (or mature) discussions. Also, see 3.8 below regarding discussion of gender-affirming medical supports.

3.6 Autism/neurodiversity-related exploration and teaching: The inclusion of supports, teaching, and interventions targeting common challenge areas for autistic youth has been a priority in feedback from both youth and their parents. The following targets have been particularly important to youth and parents:

- Transition to adulthood and independence skills;
- Executive function skills (flexibility, organization, planning);
- Social awareness and social skills (including social communication skills);
- Self-advocacy skills; and
- Self-awareness skills.

These skill targets may be embedded within the group activities and linked to youth-centered goals. For example, gender expression-related supports may require self-advocacy skills and self-awareness skills – and these skills may be best learned and practiced in the context of the young person’s gender-related motivations and needs. Similarly, group members may be motivated to celebrate and plan fun activities together; executive function skills and social skills may be taught in the context of planning special group events (e.g., group parties). The intervention approaches may borrow from existing empirically supported autism-related curricula/materials.

For some group members, topics related to gender diversity may be of greater immediate interest than neurodiversity-related topics. For these youth, opportunities to explore connections between gender diversity and neurodiversity, such as by linking the two as parallel civil rights movements (see 3.7 below), may build greater interest in neurodiversity and neurodiversity rights. This may be encouraged through opportunities for group members to interact with autistic role models (see 3.4 above). Inspiring videos of autistic self-advocates may also be helpful.

3.7 Exploring the co-occurrence of neurodiversity and gender diversity: It may be useful for members to become more aware of links between the gender diversity and neurodiversity pride movements (as described in 3.6 above) and especially neurodiverse gender-diverse “heroes” who have helped change the world through their advocacy (e.g., the story of Martine Stonehouse, the transgender autistic woman who drew upon her neurodiversity and gender diversity to help advance legal coverage of gender affirming

medical care in Canada). Building insight and pride in the neurodiversity gender-diversity movements may help some youth to better “claim” and “own” their dual-identities. In addition to celebrating the co-occurrence, discussion and teaching may focus on areas in which the co-occurrence can confer risk. For example, difficulty deciphering social cues may make it harder for autistic gender-diverse individuals to read safe versus unsafe social situations. Concrete social safety guidance has been a priority of both youth and their parents.

3.8 Discussion of medical gender supports: A young person’s access to gender-related medical supports depends on many factors, including the following: access to insurance that covers medical gender supports, supportive parents (if a young person is a minor), sufficient self-advocacy and/or executive function skills to navigate the medical system, sufficient executive function skills (and or supports) to manage a medical regimen, supportive environments to allow for more public gender affirmation, the absence of medical co-occurrences that preclude specific medical gender supports, and readiness to progress to medical supports as assessed by gender specialists. In the neurodiverse/gender-diverse clinical groups that we have facilitated, we have observed that youth who do not receive medical gender supports for any variety of reasons may be upset to learn of other members who do. Because each young person’s medical gender status is personal and determined by many different factors, we have developed a policy for the groups regarding discussions of medical gender supports: Gender specialists are always available outside of group time for individual (one-to-one) discussions with youth about their gender needs, but medical gender supports are not discussed in the large group setting. We have introduced this policy as follows, and have received strong support from the group members, including youth and parents:

“We’re [the group facilitators] here to offer support and ideas whenever anyone wants or needs to talk about medical gender supports. Some people might not be able to receive certain medical gender supports because of medical conditions or other reasons. So it could be upsetting to talk about medical gender supports in group. Instead, whenever anyone wants to discuss medical gender supports, we can talk individually, like after group, or in an extra session. This makes it the most fair to everyone in group.”

Furthermore, it should be noted that the Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents⁸ emphasizes the blurring of assessment and intervention in gender-diverse neurodiverse youth. This current group model may support youth in their development of self-awareness and self-advocacy skills over time, which in turn may help group facilitators who are involved in a young person’s care meet the ongoing assessment needs that are often requisite for autistic youth who wish to explore/pursue gender affirming medical treatments.

3.9 Parent group: Parents have emphasized the importance of a parent group program parallel to (but separate from) the youth groups. The parent groups can meet at the same time as the youth groups, and may be facilitated by a range of rotating professional group personnel. The parent groups may include structured topics/teaching, as well as

opportunities for parents to connect more informally. Key topics and special teaching may include:

- Didactics on autism-related topics (e.g., executive function, socialization, communication, transition to adulthood);
- Gender-related topics (e.g., how to support a child's gender exploration; navigating gender-related challenges at home, in the community, and at school; legal issues related to gender; medical gender supports);
- Opportunities for the parents to meet and learn from the gender-diverse and neurodiverse role model visitors;
- Teaching around safety and coping; and
- Review of research regarding the autism and gender diversity co-occurrence.

4. ADDITIONAL CONSIDERATIONS

4.1 Duration of participation: Given the ongoing enrollment model of the group program (with no specific stop/start points for enrollment or graduation), the length of duration of a young person's participation in the program is highly individualized. Our program offers more than one group option so that younger youth may in time transition to an older (or more mature) group. We have also found that within our oldest groups, some of the long-time group members begin to take on mentorship roles with younger members; this appears to be therapeutic for these older mentors, offering them the opportunity to more fully internalize the group skill targets and develop deeper personal insights. Some members do reach a stopping point with the program, but interestingly, many continue to connect with us in some capacity even if they have left the area, such as through occasional visits to group sessions when they are home for the holidays or over the summer. Those youth who over time discover that they are not gender diverse have typically stopped their participation with the program, though their families sometimes still wish to stay connected, even if just through period group announcements.

4.2 Applying techniques in other settings: Not every gender-diverse autistic young person will find a group program a good fit. Some of the techniques described in this document can be adapted for individual sessions (e.g., some of the scripts, visual supports, topic areas). Although the role model visitors may not be practical for individual therapy format, a rough equivalent might be accomplished through pre-recorded videos of inspiring gender-diverse and neurodiverse role models. It is also possible that some of the techniques could be integrated in groups for gender-diverse youth in general as a means of helping gender-diverse neurodiverse youth to better access less specialized programs (e.g., school GSAs, community support groups).

REFERENCES

1. Nahata L, Quinn GP, Caltabellotta NM, Tishelman AC. Mental Health Concerns and Insurance Denials Among Transgender Adolescents. *LGBT Health*. 2017;4(3):188-193.
2. Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, A L. *Trans Pathways: The mental health experiences and care pathways of trans young people*. Perth, Australia 2017.
3. de Vries ALC, Noens ILJ, Cohen-Kettenis PT, van Berckelaer-Onnes IA, Doreleijers TA. Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of Autism and Developmental Disorders*. 2010;40(8):930-936.
4. Walsh RJ, Krabbendam L, Dewinter J, Begeer S. Brief Report: Gender Identity Differences in Autistic Adults: Associations with Perceptual and Socio-cognitive Profiles. *J Autism Dev Disord*. 2018;48(12):4070-4078.
5. Strang JF, Klomp SE, Caplan R, et al. Community-based participatory design for research that impacts the lives of transgender and/or gender-diverse autistic and/or neurodiverse people. *Clinical Practice in Pediatric Psychology*. 2019;7(4):396.
6. Kenworthy L, Anthony LG, Naiman DQ, et al. Randomized controlled effectiveness trial of executive function intervention for children on the autism spectrum. *J Child Psychol Psychiatry*. 2014;55(4):374-383.
7. Wong C, Odom SL, Hume KA, et al. Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of autism and developmental disorders*. 2015;45(7):1951-1966.
8. Strang JF, Meagher H, Kenworthy L, et al. Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents. *J Clin Child Adolesc Psychol*. 2016:1-11.