

TOWARDS GENDER-INCLUSIVE PRACTICES AT UC-LEND CLINIC

Clinical practice for gender-expansive neurodivergent patients lags behind research and lived experience. Autistic and ADHD individuals are 2-7 times more likely than non-autistic, non-ADHD peers to be transgender (Corbett et al 2023, Strang et al 2014, Strang et al 2018). UCLA Health policies partly stymied this attempt to improve how the LEND clinic understands patients' gender.

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Introduction

There is increased recognition among clinicians and researchers in the neurodiversity space that the intersection between neurodivergence and 2SLGBTQIA identity is both underserved and overrepresented. Lived experiences of autistic and queer individuals are still only dimly reflected in the literature, with gender non-binary autistics first included in 2018 and gender autistics in 2022.

Analysis of Current Intakes

The demographic forms are stratified by age group:

- Children ages 0-12
- Adolescents 13-17
- Adults 18+

Use of binary pronouns (e.g. he/she) and instances of language that implies the gender binary, (e.g. 'your son/daughter' vs. 'your child') were tabulated by age category.

Findings

None of the intake materials for UC LEND, across all age groups, contained binary gendered language or other references to gender. The questionnaire given to the parents of children 12 and under had 13 uses of binary pronouns.

Each age group receives a version of a questionnaire from the Gender Health clinic which concerns a broad array of mental health questions, but does not pertain to gender. The length of this form is between 81 and 186 questions, and there were none of the gender markers examined in this study in any version. However, the length of the form and the confusing title might prove frustrating for UC LEND patients.

follow the arrows

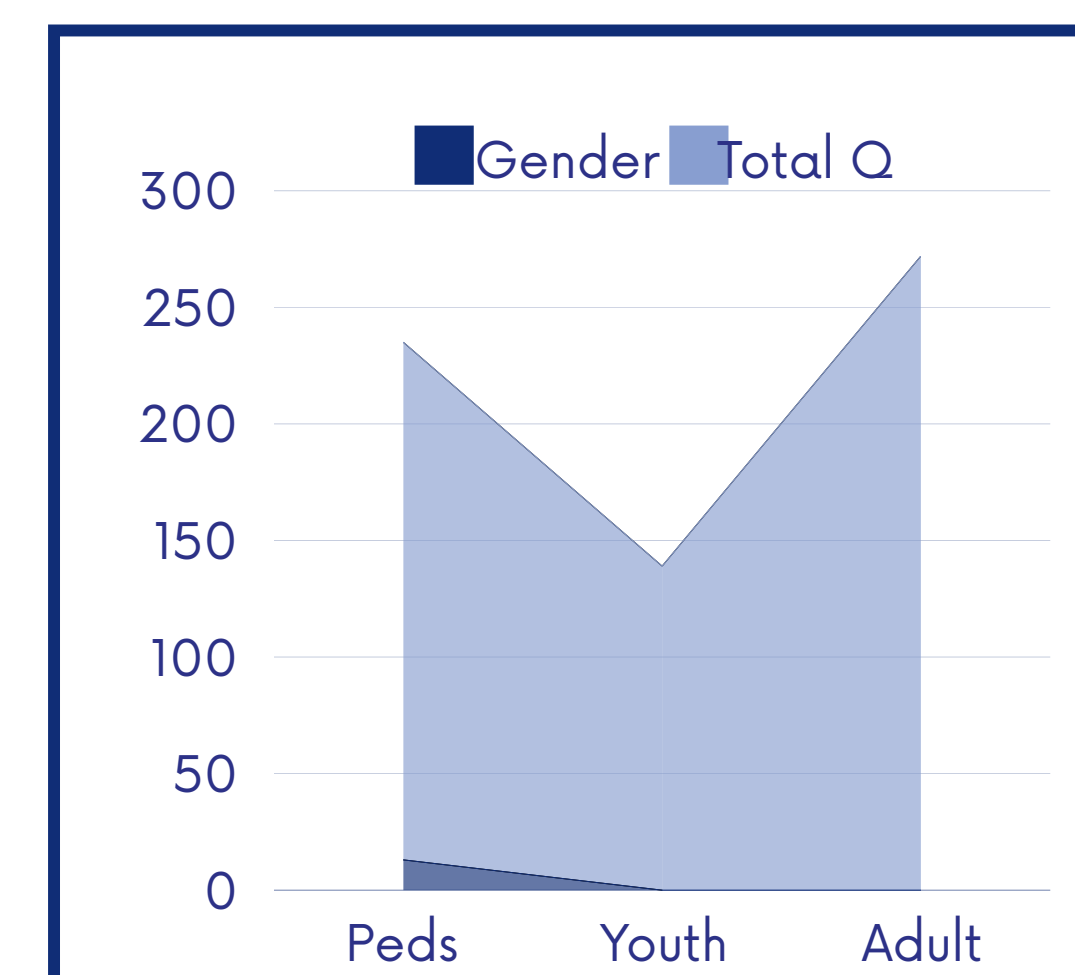
Objectives

The goals of this project were twofold: to increase the accuracy with which UC-LEND team members use pronouns and lived names within appointments and to implement gender-sensitive practices identified from the literature on neurodivergent and gender-diverse individuals in the UC-LEND clinic demographic forms.

Barriers & Methods Changes

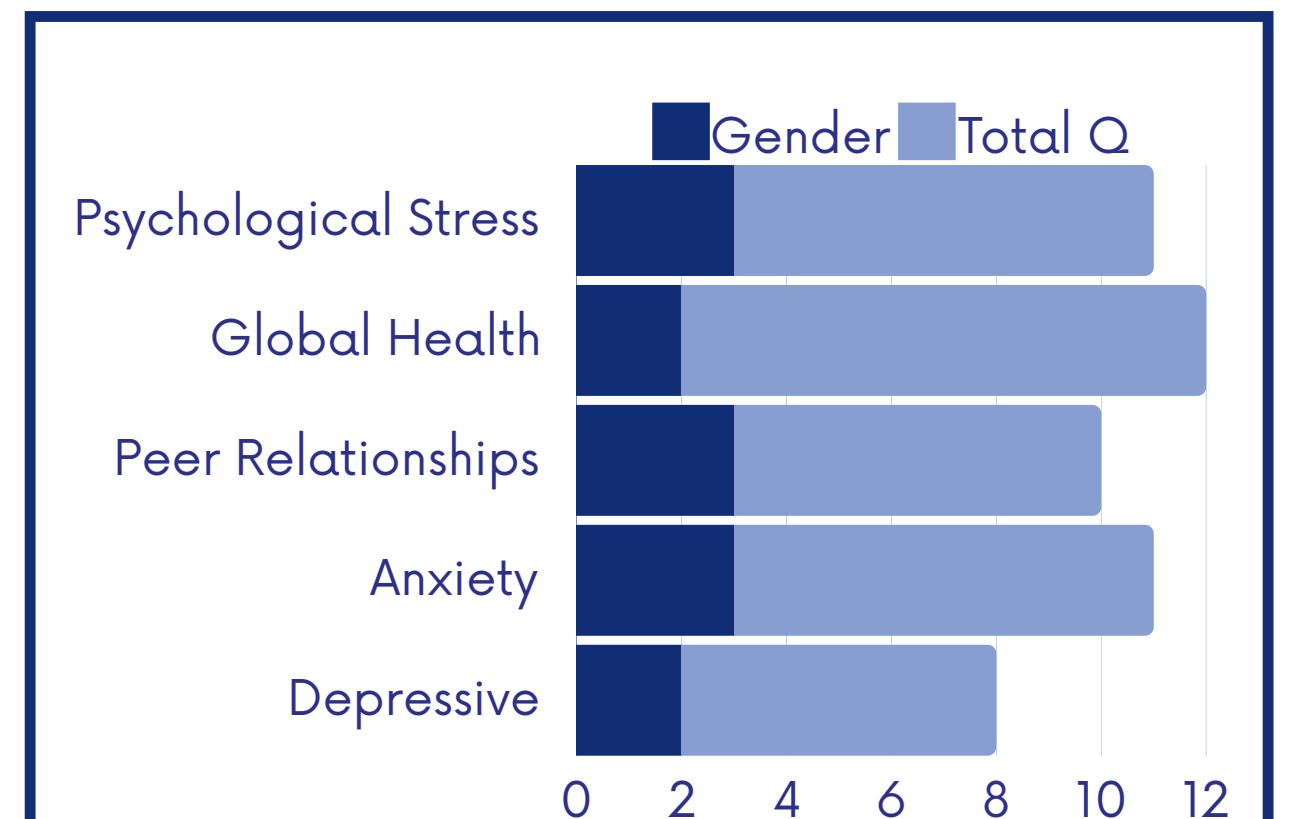
Working with UC LEND staff, current Intake processes were reviewed. Unfortunately, it became clear after a series of communication challenges that changing the intake procedures for UC LEND would be a multi-year undertaking. The UCLA Health system requires a long-term approval process for even minor changes to the electronic health record system. Thus, it was only possible to survey the current intake forms for pronoun use, binary gender terms, and other gendered language.

Total Questions vs. Q's with Gender



Total number of questions with number of gendered questions shown in darker blue, showing that only pediatric intake questions reference gender, and that all age groups have hundreds of questions.

Total Qs vs. Gendered Qs in Pediatric Intake

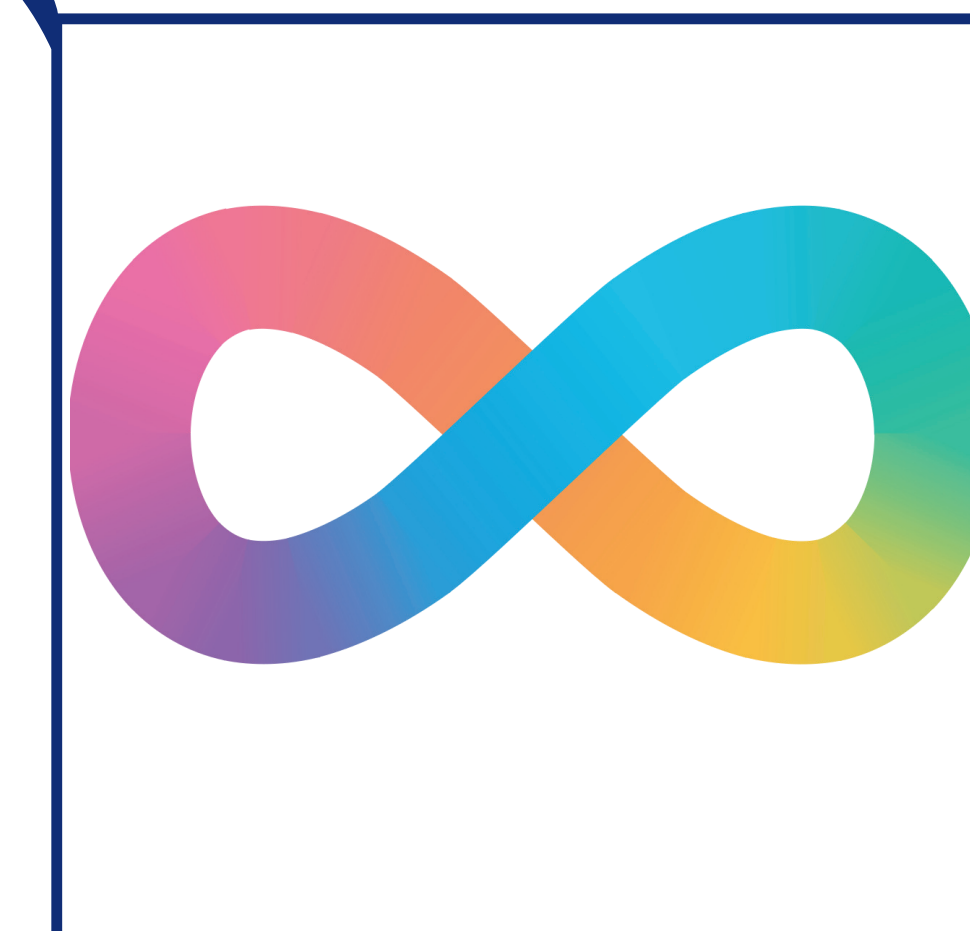


Total questions per questionnaire with number of questions with pronouns shown in darker blue, for patients 0-12. *The 183 question gender health Intake, which has no pronouns, has been excluded for scaling.

Recommendations

The following changes, which should have a high level of acceptability, are proposed:

- Replace he/she and his/her with singular they/them, particularly for children 0-12
- Change the title of the demographic questionnaire currently named 'MYC UCLA GENDER HEALTH [age group] INTAKE' to reflect that this does not pertain to gender health
- If changing the title is not feasible, include a clarification that the title reflects the clinic which originally created the questionnaire, not its contents.



Positionality: this work is undertaken by a neurodivergent genderqueer scholar and a neurodivergent queer scholar.

RELATED LITERATURE

Corbett, B. A., Muscatello, R. A., Klemencic, M. E., West, M., Kim, A., & Strang, J. F. (2023). Greater gender diversity among autistic children by self-report and parent-report. *Autism: The International Journal of Research and Practice*, 27(1), 158-172. <https://doi.org/10.1177/13623613221085337>

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