

**Gender is Performance and Performance is Behavior: Moving Behavior Analysis Beyond
the Binary**

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Abstract

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Binary

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Behavior analysts are often underprepared to implement gender-affirming practices with clients, supervisees, colleagues, and stakeholders. The purposes of this mixed methods study were to (a) explore behavior analysts' knowledge of, experiences with, and needs for implementing gender-affirming practices; (b) identify if behavior analysts who complete a gender-affirming practice training showed greater understanding of and confidence in applying gender-affirming practices; and (c) what behavior analysts' perceptions were of the acceptability, feasibility, and effectiveness of the training. The mixed methods study included focus group interviews and a quasi-experimental pre/post analysis. Findings indicated that gender-affirming practice trainings can be effective in increasing knowledge related to gender-affirming care and confidence in applying such practices for behavior analysts.

Keywords: gender, transgender, LGBTQ+, ethics, inclusive, culture

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Our queerness is our strength.

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CHAPTER 1: INTRODUCTION

Applied behavioral research operates within a dynamic, fast-evolving social context. Historically, however, it has approached this work from a constrained perspective. This limitation increasingly impedes the field's ability to achieve its socially significant goals. Promoting an inclusive culture is critical to addressing systemic and social barriers that disproportionately impact marginalized communities, such as transgender and gender-divergent individuals. Applied behavior analysis (ABA), with its commitment to culturally responsive practice and its emphasis on practical methods to promote meaningful behavior change (Baer, Wolf, & Risley, 1968), is uniquely positioned to contribute to this area of research and practice.

Behavior analysts (BAs) are working within an increasingly complex political and social landscape, marked by unprecedented advocacy movements and the amplification of historically silenced voices. At the same time, recent years have seen a growing wave of political efforts aimed at restricting the rights and visibility of marginalized groups, particularly those advocating for gender diversity and inclusion. These shifts offer BAs an important opportunity and obligation to reexamine traditional notions of social significance and broaden their perspectives. While fostering a fully inclusive culture requires attention to the intersections of multiple identities (e.g., race, religion, ability) (Crenshaw, 1989), this study focuses specifically on sex and gender, advocating for behavior analysis to move beyond binary frameworks toward an expansive understanding of gender—one that supports the use of gender-affirming practices.

Defining Gender-Affirming Practices

Gender-affirming practices are those that enable gender-divergent individuals to access valued reinforcers and essential resources at rates comparable to their cisgender peers, while minimizing coercive contingencies such as requiring conformity to traditional gender roles to

access basic human rights (Leland & Stockwell, 2019). These practices occur both at an individual level, through interpersonal interactions between clients and agency employees, and at a macro level through organizational policies, environmental structures, and systemic contingencies.

Given ABA's focus on changing the environment to promote valued behavior, BAs are well-positioned to address the environmental barriers faced by gender-divergent individuals. However, to do so effectively, behavior analysts require increased knowledge, skills, and commitment to gender-affirming practices. Currently, there are no established models or guidelines for implementing gender-affirming practices in applied behavior analysis. Moreover, these concepts are not typically addressed in formal behavior analytic education or common life experiences, leaving a significant gap in practitioner readiness. Fortunately, allied fields such as social work, medicine, and psychology offer a wealth of knowledge and resources from which behavior analysis can learn.

Common Misconceptions about Gender and Sex

A critical first step in increasing the prevalence of gender-affirming practices within ABA is dispelling common misconceptions, particularly the conflation of gender and sex, and the false assumption that gender-affirming care is exclusively relevant to transgender individuals.

Sex vs. Gender. Sex and gender, while often used interchangeably, are distinct concepts. Sex refers to biological characteristics, including reproductive organs, hormones, and chromosomes. Physicians typically assign a sex at birth based on external genitalia. However, not all individuals fit neatly into the male/female binary. Approximately 1.7% of people are born with intersex traits, possessing biological characteristics that do not align with typical binary notions of male or female bodies. Historically, intersex individuals were often subjected to

"corrective" surgeries in infancy to align them with binary categories, a practice increasingly challenged by intersex advocates who assert that societal adherence to binary norms, not bodily diversity, is the true source of harm.

Similarly, gender has long been conceptualized within a rigid binary framework of male and female, dictating prescribed social roles and behaviors. Gender is a social construct that shapes expectations about how individuals should look, act, and exist based on their assigned sex. Gender identity refers to a person's internal understanding of their own gender, which for many aligns with their assigned sex (cisgender identity). According to the Pew Research Center, approximately 97.35% of U.S. adults identify as cisgender. However, an estimated 1.6 million adults in the United States identify as transgender, non-binary, or gender fluid, illustrating that the gender binary is insufficient to capture the diversity of human experience (Parker, Horowitz, & Brown, 2022).

"Transgender" serves as an umbrella term for individuals whose gender identity and/or expression differs from their sex assigned at birth. Related terms include "non-binary," for those identifying as both male and female or neither, and "genderqueer" or "genderfluid," for those whose gender identity fluctuates across time, space, or context. There are an endless number of ways that a person's gender identity and/or expression can deviate from the expectations associated with their sex assigned at birth. Some cisgender people even deviate from the expectations regarding their gender expression, such as women with short hair or men who enjoy wearing fingernail polish, skirts, and high heels. These identities illustrate the spectrum of gender experiences and the necessity of moving beyond binary frameworks to more inclusive understandings.

Gender-Affirming Care for All. The World Health Organization (n.d.) defines gender-affirming care as medically necessary, evidence-based care that supports an individual's gender identity across medical, psychological, social, and behavioral domains. While it is often associated with transgender individuals, gender-affirming care is broadly relevant. Cisgender individuals routinely benefit from such care. Common examples include hormone therapy for menopause, breast reconstruction post-cancer treatment, and cosmetic procedures addressing hair loss, all interventions frequently covered by insurance and free from the stigma often attached to transgender health care. Significant disparities exist in the accessibility and societal acceptance of gender-affirming care for transgender and gender-divergent individuals. Cisnormative healthcare environments, such as gender-segregated clinics, and pervasive binary frameworks in non-medical settings (e.g., barbershops vs. beauty salons) further illustrate the systemic challenges.

Impact on ABA Practices

Within behavior analysis, binary constructs frequently manifest in clinical documentation, assessment measures, treatment programming, and research. Intake forms that assume traditional family structures by asking for the mother's and father's names do not acknowledge or hold space for non-traditional caregivers, such as gay or lesbian parents. Applications that offer only "male" and "female" gender options exclude and alienate gender-divergent individuals. Similarly, assessments and instructional programs that target pronoun use or gendered language often reinforce stereotypical representations of gender and risk invalidating diverse identities among clients, caregivers, and colleagues.

The distinction between gender-affirming care for cisgender versus transgender people lies not in the nature of the care, but rather in the ease of access and degree of stigma attached. A

more expansive, inclusive conceptualization of gender is urgently needed within ABA to meet the diverse needs of the communities it serves.

To address these gaps, this research explored the experiences, knowledge, and attitudes of behavior analysts related to gender-affirming practices, with the goal of identifying barriers to adoption and informing professional development needs. Two related studies were conducted: the first aimed to identify behavior analysts' perceived needs and experiences; the second tested the impact of a training program designed based on these findings.

An exploratory mixed-methods design was employed. The qualitative phase gathered rich data on BAs' experiences and needs, which then informed the development of a targeted training intervention, tested quantitatively in the second phase (Creswell & Plano Clark, 2018). This design is proposed to ground the approach in the views of the participants, aiming to develop an intervention that is based on their culture and environment. A culture-specific approach to development increases the likelihood of the intervention being seen as relevant and valid for the group being studied. The fact that 99.73% of BCBAAs self-report within the cisgender binary suggests that an overwhelming majority of practitioners in the field hold similar experiences, understandings, and relational frames regarding gender, sex, and sexuality, making the exploratory mixed methods design well suited to this investigation (Behavior Analytic Certification Board, 2023). The logic model, displayed as Table 1 below, provides a map of the research.

Table 1*Mixed Methods Design Table*

Sequential Mixed Methods Design					
Study 1		Purpose for Mixing	Study 2		Purpose for Mixing
RQ1: What are the perceptions of behavior analysts (BAs) and preservice BAs related to their knowledge of, experiences with, and needs for using gender-affirming practices with clients, colleagues, and stakeholders?		Data Integration: Development (Greene, 2007)	RQ2: Do BAs and preservice BAs who complete a gender affirming practice training show greater understanding of and confidence in applying affirming practices?		Data Integration: Complementarity (Greene, 2007)
Focus Group Interviews	Focus Group Data Analysis		Training and data collection	Training data analysis	
			RQ 3: How do BAs and preservice BAs perceive the acceptability, feasibility, and effectiveness of the developed affirming practices training?		

The method and results of this study will be presented as two studies. This research ultimately aims to (1) explore what behavior analysts want and need to know about gender-affirming practices, (2) develop a training that meets their needs, and (3) test the training's effectiveness. The research was guided by the following research questions:

Study 1:

1. What are the perceptions of BAs related to their knowledge of, experiences with, and needs for using gender affirming practices with clients, colleagues, and stakeholders?

Study 2:

2. Do BAs who complete a gender affirming practice training show greater understanding of gender affirming practices?
3. How do BAs perceive the acceptability, feasibility, and effectiveness of the gender affirming practices training?

Researcher Positionality

As a mixed-methods researcher, it is important to consider the identity of the researcher and how potential biases may impact the research. In qualitative research, the researcher becomes part of the research, unable to be separated from it. The researcher becomes the instrument and, therefore, the researcher's experiences should be identified, examined, and disclosed to provide background to the development of the study (Patton 2015). To describe my own researcher identity, I will address my experiences as both a behavior analyst and a non-binary person.

It feels important to begin by acknowledging that I engage in this work from a space of tension and complexity. My identities—both those that hold social power and those that challenge normative structures—intersect in ways that continually inform my perspective. I am a queer, non-binary behavior analyst. I am also white and was raised in the southern United States. These facets of my identity have afforded me both privilege and marginalization, often simultaneously.

The nuance of who I am inevitably shapes how I approach my work, what I attend to within it, and the hopes I hold for its impact. As a gender-diverse and queer person, I deeply resonate with the critiques voiced by self-advocates regarding the ways behavioral science has historically caused harm, particularly to those with marginalized identities. At the same time, as a practitioner and researcher within this field, I also recognize the sincere intentions of my

colleagues and the potential of behavior analysis as a science rooted in care, accountability, and meaningful change. I see both communities, self-advocates and behavior analysts, as rich with bridge builders. My aim is to contribute to that effort, helping to lay a foundation built on mutual respect, critical reflection, and a shared commitment to equity.

CHAPTER 2: LITERATURE REVIEW

The gender binary is prevalent and persistent. Draw a circle, divide it in half, sort everything you understand to be feminine to the left and everything you understand to be masculine to the right: physical attributes, actions, activities, items, spaces, gestures, sounds, colors, words. You may not personally subscribe to these ideas or stereotypes about gender, but the implicit associations within that binary framework remain easy to draw from because they are embedded into our environment and our individual learning history (Fine, 2010). Behavior analysts (BAs) subscribe to the understanding that the most effective way to decrease a behavior, or set of behaviors, is to establish and increase a functionally equivalent alternative, and although BAs pride themselves in being objective, this work is influenced by the gender binary. Pushing behavior analytic research and practice beyond the limits of the gender binary requires a new framework and set of understandings to work within and will require practitioners, instructors, and supervisors to learn some new skills (DeFelice & Diller, 2019; Pritchett et al, 2022; Van Cleave et al, 2018). This chapter will: (1) briefly discuss how people come to learn about gender, (2) propose an expansive view of gender as an integral lens through which BAs can more clearly identify the role of sex and gender in the context of behavior analytic research and practice, and (3) contextualize gender as performance in relation to operant behavior and current ABA practice. As we move behavior analytic practice beyond the gender binary, many BAs will need to acquire a new repertoire of language and understanding. While this learning journey will look different for every BA, the information presented in this work aims to serve as a starting point and guiding thread through the difficult, important conversations to come.

Stages of Gender Development

The processes through which people come to learn and know about gender are much like the ways in which people come to learn and know about any other social norm. Cultures provide expectations for boys and girls that establish common gender norms. These gender norms, or expectations, influence the ways caregivers, educators, providers, and society members treat children, whether consciously or, more frequently, unconsciously. This process is referred to as gender socialization, and it teaches the societal expectations, behaviors, and roles associated with our assigned gender, or our sex assigned at birth. Essentially, gender socialization teaches gender stereotypes and how to align one's behavior with them to ultimately access reinforcement and avoid punishment. Gender stereotypes are overgeneralizations regarding the attitudes, traits, or behavior patterns of men and women. It is important to note that many societies, historically and presently, have social norms and gender stereotypes that operate from expansive views of gender, rather than binary views. Children are more than capable of conceptualizing gender through an expansive lens, so long as their environment operates from that point of view. However, this work will focus on the prevalent social norms and gender stereotypes in the United States and the Western World at large, which operate from the gender binary.

The process of gender socialization begins at birth, but the environment begins preparing for it even before a baby is born. For example, aside from congratulations, what is the most common response to news that a person is pregnant? More often than not, people ask if the baby is a boy or a girl. This question is so embedded into our common interactions about pregnancies that there has been an increasing trend of answering it through a party. Gender reveal parties, using traditional pink and blue, are intended to share the sex of the baby with friends and family, who often use that information to determine what gifts they will bring to the baby shower. Many new parents heavily consider their child's sex when choosing their name, decorating their

nursery, speaking about them, and even envisioning their future. These things are so commonplace and normalized in our culture that when we engage in them, we often do so without consciously thinking about or critically questioning them. The environments that most people spend an overwhelming amount of their early life and learning within were carefully arranged, or curated, based on their sex.

From the moment many individuals are born, the clothing they wear, the color of their room, the stimuli they are surrounded by, the toys and activities they have access to, and the ways they are spoken to and interacted with often align with stereotypes associated with their sex. These things drive how they come to conceptualize gender. Early gender development is best examined across five stages: infancy, toddlerhood, ages 3-4, ages 5-6, and ages 7-8. Infancy is well described as the observation stage, as infants learn through observing and imitating the behavior of the adults in their environments, particularly their caregivers. Caregivers' interactions with children are shaped by their own understanding of their child's gender, often unconsciously. Essentially, a child's understanding of gender is shaped by their caregivers' treatment, which is often based on gender. Infants begin to discriminate between male and female faces and voices (Fagan & Singer, 1979; Younger & Fearing, 1999). They begin to learn to categorize people by gender and even form stereotypic associations between the faces of men and women and gender-typed objects, such as a purse or a billfold wallet (Levy & Haaf, 1994; Fagan & Singer, 1979).

Toddlers are categorizers. They take the patterns they have observed and start to build categories of male and female. Around 18 months, toddlers start to develop an awareness of their own self, including their gender. They understand gender to group themselves and seek out information about what group they belong to, what that means, and how they are expected to

behave (Esquivel et al., 2020; Stennes et al., 2005). Toddlers begin to understand the physical differences between boys and girls and use their discrimination skills to begin gender stereotyping, or overgeneralizing the attitudes, traits, or behavior patterns of men or women (i.e., boys and men are tough and brave while girls are nice and nurturing). Toddlers can be observed to identify their own gender, understand and express how they feel about their gender (i.e., “I am a girl and I am happy that I am.”), pay more attention to same-gender role models, and show gender-based behavior such as selecting certain toys or playing with same-gendered peers (Gender Spectrum, n.d.; Egan, Perry, & Dannemiller, 2001).

Three and four-year-olds are notorious inquirers. They ask a lot of “what” and “why” questions that help them identify rules and construct a belief system of gender stereotypes reinforced by cultural norms. They explore and practice social gender roles through play and they expect others to abide by the gender expectations that impact rules and roles in play. Most three and four-year-olds label their own gender, express it strongly, and believe that it will persist into adulthood as something static and unchanging (Mayo Clinic Staff, 2020; Rafferty, 2018; Balwin & Moses, 1996; Gender Spectrum, n.d.; Zosuls et al., 2009). They can be observed to engage in gender-segregated play, plan play by identifying roles needed and how each person should be expected to behave, and even avoid or chastise others who do not adhere to gendered expectations (Bussey & Bandura, 1999; Esquivel et al., 2020).

While three and four-year-olds are working to figure out the intricacies of gender roles and stereotypes, five and six-year-olds typically have them down to a science and have aptly been referred to as the gender police. They have strong beliefs about what toys, colors, expressions, activities, interests, and jobs are for boys and which are for girls. Their ideas about gender are scripted, and gender roles are strictly defined and adhered to. Their perceptions

regarding gender persist even when exceptions to the rules are observed and acknowledged (i.e., men with long hair and women with short hair). This is the developmental period during which their thinking about gender is at its most rigid, inflexible point. This is attributed to their deep awareness of gender rules and the pressure they feel to comply with them coupled with an inability to think deeply into the beliefs and values they are based upon (Martin, Ruble, & Szkrybalo, 2002). Five and six year olds can be observed to spend the majority of their playtime with members of the same gender, assign pretend play roles based on gender, and mediate the gendered behavior of their peers through common statements such as, “only girls can play with dolls,” “boys can’t wear that,” and “that isn’t for girls” (Esquivel et al., 2020).

Seven and eight-year-olds are explorers. Around this age, children begin to gain a sense of gender as something that is consistent but separate from expression. They begin to more deeply explore the rules tied to gender norms and roles. They notice that gender and expression often defy a lot of the rules that surround them (Martin & Ruble, 2013). For example, they might understand long hair to be associated with women or short hair with men, yet have seen several examples of women with short hair and men with long hair. They might understand teaching or nursing to be a female profession, yet have had male teachers and nurses. They might understand football to be a men’s sport, but enjoy playing it with their family. As they begin to see the way gender norms and rules are broken every day, they begin to feel less attached to them and might even start to challenge some of the associated stereotypes. Feeling less boxed in by gender norms can allow children to expand their interests and try more things that they previously considered unavailable to them (Esquivel et al., 2020). This allows for a broader self-expression that can be observed through changes in their interests and attitudes towards clothing and hairstyles. For example, a boy whose favorite color was always blue might proclaim that his new favorite color

is pink, and he'd like to try on a pink tie. Challenging gendered stereotypes can allow children to feel freer to be a boy or a girl in ways they previously considered to be against the rules.

Some children's gender identity remains stable over their lives. Others may alternate between identifying themselves as boy or girl or even assume other gender identities at different times. This is normal and healthy. There is no hard and fast rule about when a person's gender is fully established. Everyone's journey looks different, timeline included. However, children as young as two and three years of age can have firm gender identities, cisgender or transgender (Balwin & Moses, 1996; Gender Spectrum, n.d.; Rafferty, 2018; Zosuls et al., 2009). It is important to note that gender identity and gendered behavior are not the same thing. While gender expression is susceptible to social pressure, gender identity is not. That means that pressure to conform to social norms won't change a person's inner understanding of their gender, but it can change their behavior regarding gender. A person may understand themselves to be trans or gender divergent but might not feel safe to express it.

Expanding Binary Views of Gender

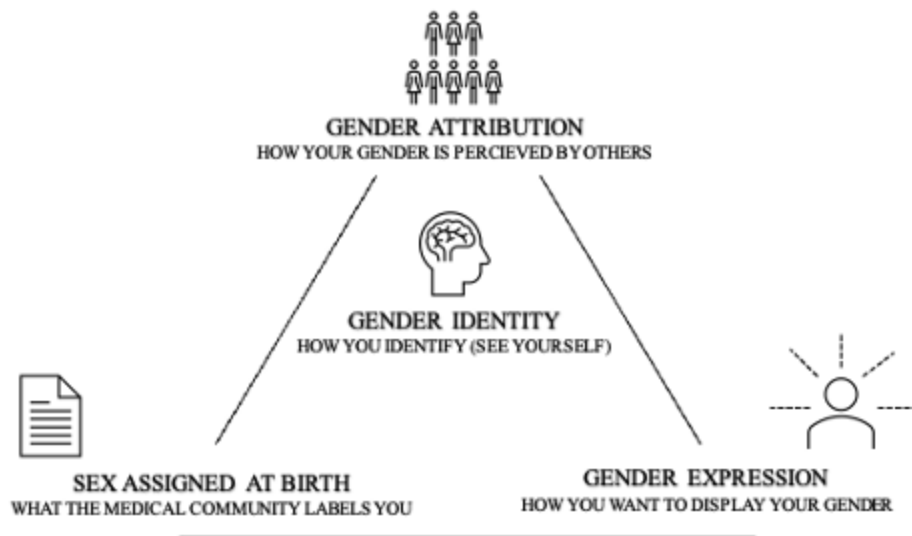
It is time for behavior analysts to critically reflect on their understanding of sex and gender, as the communities that they primarily work with, for, and alongside are asking them to. Many consumers of applied behavior analysis (ABA) adhere to a different understanding and lived experience regarding gender than most board-certified behavior analysts, who are primarily white and cisgender and have received little to no training in gender diversity or affirming care (Behavior Analyst Certification Board, 2023). This is important because individual understandings of gender and the way that is positioned into one's learning history and behavioral repertoire are not factors that can be isolated and removed from research or practice; rather, they show up as implicit bias that can have very real consequences for the people in our

environment. “As applied behavior analysts engage in research... they are simultaneously operating under the contingencies in place in the social systems within which they operate” (in Pritchett et al, 2022, pp. 1090). This warrants a deep dive into an expansive theory of gender that can offer opportunities to identify, question, and reshape BAs current frames of gender to allow for more authentic views and understandings of the individuals they work with and the contingencies they operate within.

Sex, gender identity, and gender expression are things that every individual holds, and it is important to note that each facet is not defined, set by, or bound to the others. Sex assigned at birth refers to the sex (male, female, or intersex) that a doctor or midwife uses to describe a child at birth based on their external anatomy (Human Rights Campaign, n.d.). Gender identity, however, relates to one’s innermost concept of self. This is how one perceives, thinks, and talks about their own self. Gender expression, then, is the external manifestation of that inner identity; it is how one wants to express the person they are and the identities they hold close. This shows up in the way people dress, move, sound, interact, and show up in the world. The notion that these facets of identity are not explicitly tied to one another, best described as an expansive view of gender, challenges society's dominant understanding and long-held subscription to the gender binary. The Gender Terminology Visual (Figure 1) created by the Gay, Lesbian, and Straight Education Network offers a representation of the individual, yet interactive nature of sex, gender identity, gender expression, and the ways our gender is mediated by the systems and people in our environment. It also offers a promising framework for conceptualizing the role of gender within the context of behavior analytic research and practice.

Figure 1

The Gender Terminology Visual



Note: Gender Terminology Visual: a triangle that visualizes the independent, yet interactive nature of sex, gender identity, expression, and perception. Adapted from “Gender Terminology Visual” by the Gay, Lesbian, and Straight Education Network (GLESN).

A person whose gender identity aligns with the sex assigned to them at birth is referred to as cisgender. Whereas there are several different ways for identity and expression to misalign with sex, transgender serves as an umbrella term that describes people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Gender non-conforming is another broad term referring to people whose gender expression does not fit neatly into a category (Human Rights Campaign). This work will use the term gender divergent in a way that encompasses gender non-conforming and transgender people and recognizes the endless ways in which identity and expression can diverge from the norm.

Gender as Performance and Performance as Behavior

The fields of gender, women, sexuality, and queer studies often describe gender as performance: the cumulation of the things we put on our bodies, the ways we move them, the places we take them, the words we use to describe them, the expectations we place on them

(Butler, 1990). Essentially, gender is a set of behaviors that people perform. While people can all perform gender in various ways, the accessibility and safety of that performance are not offered equally but rather are defined and mediated in our society through binary expectations or gender norms. “Boys will be boys.” “Girls mature faster than boys.” “Football is a men’s sport.” Gender norms are integrated into everyday language, but also into common traditions, processes, expectations, and interactions. Public spaces are structured in ways that adhere to the gender binary: restrooms, clothing sections, toy aisles, marketing and visual displays, medical facilities, cosmetic services; the examples are endless. People are often named in ways that express male or female identity even in their absence (i.e. Christopher vs. Christine; Jesse vs. Jessie). The gifts people receive and the blankets that they are wrapped in when they enter the world express a gender that has been defined by their sex. Nearly all documentation that affords a person access to society and their environment recognizes them as either male or female. All these things express the legitimacy, existence, and value of those two genders, while simultaneously obscuring and invalidating bodies and identities that fall outside of the cis-normative experience (i.e. intersex, queer gender, trans, gender diverse, etc.).

The binary view of gender is embedded into the field of behavior analysis, and it shows up in research and practice, just as it is embedded into the society and culture in which BAs live, learn, grow, and work. As BAs come to understand the performative aspects of gender, they can position it into their understanding of operant behavior. As one pulls back the veil that obscures the gender norms and stereotypes within their environment, they can better see how the gender binary sets value, bounds contingencies, delineates the structures of a stimulus class, mediates motivating operations, and shapes learning history. How many of the most used assessment measures in ABA (i.e. ABLLS, VB-MAPP, Vineland, ABAS) require practitioners to label a

learner as male or female at the outset, or, at the very least, frame performance expectations within the gender binary? For example, many discrimination tasks tie gendered language, such as “he/she” or “boy/girl,” to physical attributes, such as hair length or clothing. BAs have the tools needed to identify and address the barriers created by the confining structures of the gender binary in the context of research and practice through the adoption of an expansive view of gender, as it is a compatible framework for ABA’s push to aim for social justice, center cultural responsiveness, and critically redefine the understanding of social significance (Figure 2).

Figure 2

Behavior Analytic Expansive Framework



Note: Behavior Analytic Expansive Framework: contextualizes the spirit and aim of applied behavior analysis within an expansive view of gender that diverges from the gender binary. Adapted from “Gender Terminology Visual” by the Gay, Lesbian, and Straight Education Network (GLESN, n.d.).

Socially significant behaviors are defined as behaviors that can improve a person’s lived experience. The most important question to ask when considering social significance is: for whom? Who is this behavior significant for, and whose lived experience is it improving? Within

applied behavior analysis, the individual in question is the learner. Within a gender expansive framework, social significance is situated firmly in the middle of the triangle, tied to individual identity. Who a person is shapes what they care about, value, and desire. Defining and situating intervention goals within the middle of the framework can aid practitioners in providing services that are: (1) informed by physiological needs and learning histories, (2) responsive to environmental and cultural factors that impact experience, and (3) meaningful and empowering to the individual receiving them. This shows up in the goals chosen, strategies implemented, pronouns assumed, stimuli included in preference assessments, names used in insurance reports, ways peers are grouped, and social environment considerations.

Behavior analysis is well-positioned to operate from a gender-affirming position, but it is not yet well prepared to. This is due to BAs' lack of education, training, and preparation; limited existing research, guidelines, and best practices; and the lack of diverse professionals in the field. Individuals in the field have started to address this blind spot, but there is still much to do. Luckily, this work does not need to be done alone. Allied fields, such as psychology, nursing, and social work have guidelines and recommendations for working with and alongside gender divergent individuals that can be easily applied to the field of ABA (American Psychological Association, 2015; Chang et al, 2018; Hadland et al, 2023). This is the first step toward ensuring BAs get the knowledge and skills they need to be gender-affirming practitioners, educators, and researchers.

Moving Toward a Field of Affirmation

Writer and social justice advocate Dominique Dickey, presents a striking notion of gender in saying, "If we were fish, gender would be the water we swam in (2022, para. 1)." It is a set of processes and behaviors passed down over generations, whose power and influence, though concealed, are unmatched. If BAs are conceptualized as the fish and societal and

professional norms as the water, Dominique’s words present a viable starting point for BAs in conversations of gender:

Asking people to change how they engage with gender is tantamount to asking a fish to think critically about its fishbowl – how can it, when it’s never known anything else? The fish has probably lived its entire life without noticing the water at all (Dickey, 2022, para. 3).

Moving toward a more affirming model of behavioral research and practice will require BAs to think critically about gender as an environmental component, learn to identify the water, and acquire the skills necessary to swim against the current, a feat that will need both individual action and collective movement. This is not a conversation focused on providing specialized support to the gender diverse community. This is a conversation about dismantling the gender binary that confines everyone who operates within it. The gender expansive framework is a structure that is inclusive of all individuals, not just gender diverse people, offering BAs a universal way of considering and addressing the needs of the individual within the systemic and social context of their environment (Figure 3).

Figure 3

Applied Behavior Analytic Gender Expansive Framework



Note: Applied Behavior Analytic Gender Expansive Framework: contextualizing an application of ABA that aligns with the tenants of behavioral science and centers individual autonomy and significance. Adapted from “Gender Terminology Visual” by the Gay, Lesbian, and Straight Education Network (GLESN).

Gender-Affirmation in ABA Literature

The peer-reviewed ABA literature on gender-affirming care is very limited. A recent review found only 12 ABA publications addressing LGBTQ+ issues, including gender identity, through 2020 (Morris, Goetz, & Gabriele-Black, 2021). Most were commentary or survey papers, with only two empirical studies, both conversion-therapy experiments from the 1970s. Since the 2010s, a few articles on topics of LGBTQ+ issues have appeared in ABA journals, mostly calls to action or ethical discussions, but only about a dozen articles explicitly discuss gender identity or affirming care, and only one is a contemporary intervention study. While the body of peer-reviewed literature specifically addressing this intersection is still developing, several key articles have begun to lay the groundwork for inclusive and affirming practices in behavior analysis.

Conceptual and Review Articles: Of the articles that explicitly discuss gender identity or affirming care, seven are calls to action or ethical discussions. In her 2018 letter to the editor titled *Double Helix Rainbow Kids*, published in the *Journal of Autism and Developmental Disorders*, Diane Ehrensaft explores the intersection of autism and gender diversity in children. She advocates for a comprehensive approach that considers the constitutional, psychological, and social links between neurodiversity and gender diversity, urging clinicians and caregivers to provide affirming support tailored to the unique experiences of gender-expansive autistic youth. In the following year, Kaylee DeFelice and James Diller explored the integration of

intersectional feminist theory into behavior analysis in their paper titled *Intersectional Feminism and Behavior Analysis* (2019). They highlight how both disciplines share a commitment to understanding behavior within complex social contexts. Intersectional feminism emphasizes the interplay of factors like race, gender, and sexuality in shaping individual experiences, aligning with behavior analysis's focus on environmental influences on behavior. The authors advocate for behavior analysts to incorporate intersectional perspectives to enhance cultural competence and promote inclusivity in both research and practice.

In 2021 and 2022, three articles reviewed the historical treatment of LGBTQ+ issues, noting the field's neglect of these issues (Morris et al, 2021), highlighting the harmful legacy of ABA-based conversion therapies (Conine et al, 2022), and proposing immediate steps and research agendas for BAs to support LGBTQ+ communities (Capriotti & Donaldson, 2022). In the following year, two articles provided notable ethical commentaries on the topic. Graves and Kolman published *Gender diversity in autistic clients: An ethical perspective* in *Frontiers in Psychiatry* (2023). Though not in an ABA journal, the article is relevant to ABA practice, as it emphasizes the ethical imperative to affirming neuro, gender diverse clients' gender identities. In *Policy insights from the behavioral brain sciences*, Rouse challenges the conflation of gender diversity with pathology and promotes the adoption of affirming care models within behavioral science (2023). The article underscores the complexity of gender identity and the need for nuanced, supportive approaches in behavioral interventions.

Clinical Guidelines for Gender Expansive Clients. Strang et al. (2018) presented the first clinical guidelines specifically designed for adolescents experiencing both autism and gender dysphoria or gender incongruence. Using a Delphi consensus approach, the authors outline best practices to guide clinicians in delivering individualized, affirming care. The

guidelines emphasize the need for extended assessment periods, attention to social and cognitive differences, and interdisciplinary collaboration. Key areas addressed include decision-making capacity, medical interventions, psychosocial support, and transitioning into adulthood, with a strong focus on tailoring approaches to the unique needs of autistic gender-diverse youth.

Keo-Meier & Ehrensaft (2018), in *The Gender Affirmative Model*, offer an interdisciplinary framework for supporting transgender and gender-expansive children. The model centers on affirming a child's self-identified gender, advocating for early and consistent social support rather than a "wait-and-see" approach. Grounded in developmental psychology, mental health, and medical practice, the book emphasizes the importance of family involvement, school advocacy, and culturally competent care. It argues that gender diversity is a normal variation in human experience and that affirming environments are crucial to positive outcomes.

Tools and Frameworks for TGNC-Affirming Practices: Researchers have worked to identify techniques to increase gender-affirming practices in the field. **Oda & Stiehl (2025)** provide ethical and practical guidelines for collecting Sexual Orientation and Gender Identity (SOGI) data in behavior analysis. The article emphasizes the importance of respectful, inclusive, and scientifically sound data practices in both research and clinical settings. The authors offer actionable recommendations to ensure that SOGI data collection aligns with principles of equity, transparency, and client dignity.

In their 2019 article, *A Self-Assessment Tool for Cultivating Affirming Practices with Transgender and Gender-Nonconforming (TGNC) Clients, Supervisees, Students, and Colleagues*, Worner Leland and August Stockwell introduce the TGNC-Affirming Clinical Skills Self-Assessment (TGNC-ACSSA). This 28-item tool is designed to help behavior analysts evaluate and enhance their practices to better support TGNC individuals across various

professional roles. The TGNC-ACSSA focuses on three key domains: ethics, environmental arrangement, and behavior arrangement. It aligns with the Behavior Analyst Certification Board's Professional and Ethical Compliance Code, emphasizing the importance of working within one's scope of competence, avoiding discriminatory practices, and creating inclusive environments. The tool encourages practitioners to set observable and measurable goals for improvement, fostering ongoing self-reflection and growth.

The authors highlight that TGNC-affirming practices benefit not only TGNC individuals but also contribute to more inclusive and supportive environments for all. For example, TGNC-affirming workplaces have more productive employees with higher job satisfaction (Badgett, Durso, Kastanis, & Mallory, 2013; Catalyst, 2014). Leland and Stockwell advocate for the consistent implementation of these practices, regardless of whether a person's TGNC status is known, to promote equity and respect within the field of applied behavior analysis. The development of this tool offers significant insight into the areas of ABA in which affirming practices belong, and serves as a useful tool for practitioners, however, its effects on practitioner behavior have not been tested.

Empirical Study. Despite the emerging interest in LGBTQ+ affirming research, only one study has explored the effects of a behavioral intervention on gender non-conforming affirming behaviors. In their 2022 article, *Into Inclusion: Increasing Trans-Inclusive Practices with Behavior Analysis*, Abigail Petronelli and Rachael Ferguson investigate the effectiveness of behavioral self-monitoring (BSM) in promoting trans-inclusive behaviors among graduate students. The researchers employed a multiple-probe design across participants to evaluate the impact of BSM on the accurate use of pronouns during simulated professional interactions. Participants received training on BSM techniques and were then instructed to

monitor their pronoun usage. The findings revealed that BSM, following appropriate training, significantly improved correct pronoun usage, with the improvements maintained over time. This study, in conjunction with the TGNC-ACSSA (Leeland & Stockwell, 2019), underscores the potential of BSM as a practical, accessible intervention to foster inclusive behaviors in professional settings.

While the specific literature on gender-affirming care within ABA is currently limited, these foundational articles provide critical insights and frameworks for integrating affirming practices into behavior analysis. As the field progresses, continued research and dialogue are essential to develop comprehensive, evidence-based approaches that support the diverse gender identities of not only clients but also colleagues, students, supervisees, and stakeholders.

Operationalizing Gender Affirming Care in Behavior Analysis

The TGNC-affirming practice self-assessment tool is the most comprehensive, operationalized, and useful resource available to BAs (Leeland & Stockwell, 2019). It prompts BAs to critically evaluate and adapt various facets of their professional activities. While many of these practices occur at the individual level, the majority focus on the environment because the environment plays a large role in creating and maintaining barriers for gender non-conforming people. This includes revising documentation, cultivating inclusive workplace environments, creating supportive intervention settings, and thoughtfully selecting intervention targets. Such comprehensive approaches are essential to move beyond binary frameworks and to support the diverse gender identities of clients, families, colleagues, and stakeholders. These will be detailed in the following sub-sections.

Documentation, forms, and materials: Inclusive documentation is foundational to affirming care. Such practices not only respect people's identities but also set a precedent for

inclusivity within the organization, and implementing these changes aligns with culturally responsive practices. Behavior analysts can revise intake forms, data sheets, and electronic records to reflect clients, colleagues, and stakeholders' self-identified names, pronouns, and gender identities. This involves moving beyond binary gender options and providing open fields for individuals to describe their identities in their own words. Beyond revising forms to include open-ended gender fields and preferred names, it is crucial to adopt gender-neutral language throughout all documentation. This includes using terms like "they/them" as default pronouns when gender is unknown and avoiding gendered titles unless specified by the individual. Incorporating honorifics such as "Mx." can also promote inclusivity. This also includes using terms like "parent" or "caregiver" on documents such as intake forms, rather than "mother" and "father," which assume traditional family structures.

Some formal documentation processes, such as insurance reports, background checks, supervision contracts, and certification applications, require BAs to specify the client's or colleague's legal name. When this is the case, BAs should denote the legal name once and proceed using the preferred name and pronouns throughout the remainder of the document. Additionally, it should be made clear that the person's legal name will only be accessible to those involved in processes that require it, such as billing, payroll, or human resources.

Similarly, some formal assessments require practitioners to select assessment forms or score results based on a client's gender. Several assessments (e.g., VB-MAPP) include target behaviors that require the use of gendered language, such as pronouns, based on visual discrimination, and only include the binary genders of male and female. When it is not possible to avoid the use of such assessments, practitioners can either (a) avoid assessing individual targets that operate from a binary construct of gender, or (b) incorporate expansive gender

identities and language (i.e., they/them pronouns, non-binary identities, etc.) into the target behaviors.

Inclusive workplace environments: The spaces we cultivate serve as permanent products that saliently express the things we value, accept, and deem important, and they play a large role in shaping our initial and ongoing impressions. Creating affirming workplace environments entails both policy and practice. Organizations should implement policies that explicitly prohibit discrimination based on gender identity and expression, ensuring access to facilities that align with individuals' gender identities. Training staff on the importance of using correct pronouns and names, as well as addressing and preventing derogatory language, fosters a culture of respect and inclusion. Studies have shown that such affirming behaviors are linked to increased job satisfaction and openness among transgender and gender-diverse employees (Badgett, Durso, Kastanis, & Mallory, 2013; Catalyst, 2014). Creating a supportive workplace extends beyond policy implementation. Regular training sessions on gender diversity, inclusive language, and unconscious bias can foster a culture of respect and understanding.

All marketing material should represent a wide variety of genders, and website and print material should make it clear that the organization does not discriminate based on gender, gender identity, or gender expression. This can be achieved using non-restrictive dress code policies, equal bathroom access, and the stimuli displayed in the workplace. Dress code policies should not specify restrictions based on gender and should only include restrictions that directly relate to employees' work tasks (i.e., requiring closed-toed shoes and clothing that allows for easy movement when working with young learners). Workplaces should have an all-gender bathroom and/or a written statement promoting people to use the bathroom that aligns with their identity. Stimuli displayed in the workplace can indicate the organization's commitment to TGNC-

affirmation, such as safe zone stickers, supportive LGBTQ+ signs, and pronoun pins or stickers for staff, stakeholders, and visitors. Additionally, encouraging all staff to share their pronouns in meetings and email signatures normalizes the practice and signals allyship.

Supportive intervention settings: Intervention settings must be safe and supportive spaces for all clients and supervisees. BAs should ensure that therapy environments respect and affirm clients' and supervisees' gender identities. This includes using their chosen names and pronouns consistently, incorporating materials that reflect diverse gender experiences, and being vigilant against reinforcing gender stereotypes. Like workplace staff, all clients should have access to all-gender facilities or facilities that align with their gender identity. An affirming intervention environment promotes trust and engagement, which are critical for effective behavior change.

Intervention settings should visibly reflect inclusivity. This shows up in the ways that we structure and decorate our physical environments along with the stimuli that we make available within them. Displaying symbols of support, such as pride flags and inclusive posters, can create a welcoming atmosphere. Beyond symbols of support, diverse representations of gender identity and expression can show up across a range of stimuli and materials, such as decorations, posters, books, curricula, toys, media, and more. Client's access to toys and activities should not be defined or limited by their gender. For example, if the intervention setting has a costume box, all clients should have access to all the costumes within it (i.e., princess dresses and fire fighter uniforms can be worn by any client, regardless of gender).

Behavior arrangements: Gender-affirming behavior arrangements refer to practices and intervention strategies that support a client's autonomy, well-being, and authentic self-expression, rather than reinforcing traditional gender norms or binaries. A core strategy is the

intentional use of **gender-neutral language and pronouns when addressing groups or individuals** until they share their preferences. Practitioners should model inclusive greetings such as “Hello, everyone” and introduce themselves with both their name and pronouns to normalize the practice of pronoun sharing and demonstrate respect for all gender identities.

Behavior analysts must **critically examine instructional goals and materials** to ensure they do not reinforce binary gender norms. For example, dressing goals should reflect **learner autonomy and preferences**, not traditional gender expectations. Caution should be exercised when teaching gendered language (e.g., “boy/girl,” “he/she”), as this may reinforce problematic stereotypes. Instructional programs that only include binary gendered language (e.g., tact people by gender using 4 terms: boy, girl, he, she), programs that assume the pronouns of unknown people, and programs that target the use of gendered language based on physical discrimination (e.g., discriminate between males and females given a pronoun and two stimuli cards, one with long hair and one with short hair) reinforce gender stereotypes and do not accurately represent the evolving, significant verbal behavior of current society. This can be avoided by expanding upon these common instructional targets, such as including multiple gender identities and varying expressions, teaching learners to ask people their gender and pronouns, or only using stimuli of people who have stated their gender and pronouns.

Preference assessments and reinforcer selections should include a **diverse array of items associated with various gender expressions**, without limiting choices based on perceived gender. Teaching materials and social scripts should depict individuals of all genders engaging in a broad range of activities and roles to avoid reinforcing stereotypes. Likewise, **accurate anatomical language** (e.g., “penis,” “vulva”) should be used instead of gendered euphemisms that rely on binary assumptions (e.g., “girl parts,” “boy parts”).

BAs should model gender-affirming practices during **parent and staff training** and continually assess the **social validity** of their work by seeking feedback from clients and stakeholders. This includes asking, “Is there anything I can do to be more affirming?” and using that feedback to guide changes in practice. Lastly, BAs must avoid the use of harmful practices, such as **engaging in any interventions that seek to suppress or alter a client’s gender identity**, such as extinguishing behaviors that deviate from the gender assigned at birth. Instead, targets should support the individual's well-being, autonomy, and self-determination. For example, interventions might focus on building skills that empower clients to navigate social situations confidently, rather than conforming to traditional gender norms. This approach aligns with the principles of neurodiversity-affirming practices, which emphasize the importance of respecting and supporting individual differences.

Conclusion

Behavior analysts should continue to apply behavior tools to improve the quality of life for gender divergent individuals within the context of their practice and existing skillsets. To do this, BAs must collaborate beyond the traditional bounds of behavior analysis. The field of behavioral science is and has always been lucky to contain a range of radical thinkers who have set their aim on social justice (Cihon & Mattaini, 2021; DeFelice & Diller, 2019; Johnston, 2014; Mallott, 1996; Pritchett et al, 2022). As BAs continue down this path, they can look back at where ABA has been, the place it has come, and the radical voices that have propelled it forward, but they also have an opportunity to look beside and ahead. BAs learn and work alongside fields that have long traveled the path of social justice, exploring the many side trails and viewpoints it has to offer. The work of social justice is never done in solitude, and BAs are lucky to be positioned alongside seasoned explorers.

This research aims to (1) explore what behavior analysts want and need to know about gender-affirming practices, (2) develop a training that meets their needs, and (3) test the training's effectiveness. To enhance clarity and readability, the methods and results are presented separately as two distinct studies. The research was guided by the following research questions:

Study 1:

1. What are the perceptions of BAs related to their knowledge of, experiences with, and needs for using gender affirming practices with clients, colleagues, and stakeholders?

Study 2:

2. Do BAs who complete a gender affirming practice training show greater understanding of gender affirming practices?
3. How do BAs perceive the acceptability, feasibility, and effectiveness of the gender affirming practices training?

CHAPTER 3: STUDY 1

This dissertation contains two related studies. Study 1 was conducted to determine what BAs identified as areas of professional development needed in gender-affirming care to guide and inform the development of a gender-affirming practice training (Study 2). This qualitative study used focus group methodology and constant comparative analysis to explore the following research question:

4. What are the perceptions of BAs related to their knowledge of, experiences with, and needs for using gender affirming practices with clients, colleagues, and stakeholders?

Methods

Participants

This research was conducted in compliance with standards established by the institution's Institutional Review Board, which included procedures for informed consent. This study was conducted remotely using online technologies. Email was used for all research communication, and Zoom was used for focus groups. Participants were recruited via electronic fliers (see Appendix A) posted on LinkedIn, and emails to presidents of state-level organizations received from the Association for Behavior Analysis International organization's list of affiliated chapters (n.d.). Recruitment materials included an email for potential participants to get more information. All respondents were screened for eligibility using a "Brief Screening Questionnaire," which verified certification status, years in the field, and ABA education via self-report. Participants' certification status was verified via the BACB Certification Registry. Eleven participants were recruited and ranged in age from 23 to 42, worked in a range of settings including clinic and school systems, and provided services in a variety of states including: Alabama, Illinois, Louisiana, Massachusetts, Mississippi, Tennessee, and Washington. Three of the eleven

participants were categorized as preservice behavior analysts, or students. Student participants were required to be actively enrolled in a master's program with the goal of becoming a BCBA. Four of the eleven participants were categorized as early professionals. To participate in the early professional group, participants must have earned their BCBA or other certification within the past six years or following 2018 at the time of the study. Four of the eleven participants were categorized as experienced professionals. To participate in the senior professional group, participants must have been a certified behavior analyst for at least eight years, or prior to 2016. All participants were professionally active at the time of the study and engaged in ABA practice within the six months prior to participation. Practice ranged across direct intervention services, higher education, supervision, and clinical business practices. Knowledge of and experience with gender-affirming practices were not considered in the inclusion criteria. See Appendix B for an example of the brief screening questionnaire, and Table 2 below for more information on individual participants.

Table 2*Study 1 Participant Demographic Information*

Participant	Certification	Years Certified	Age	Sex Assigned at Birth	Gender ID	Ethnicity	Geography	
Preservice	1	RBT	2	29	M	Queer M	White	WA
	2	RLT	1	25	F	F	Black	LA
	3	RLT	2	30	M	M	Black	LA
Early Professionals	4	LABA	>1	30	M	Queer M	White	MA
	5	BCBA	5	23	F	Queer Gender	Asian/Indian	IL
	6	BCBA	6	32	F	Non-conforming	White	WA
	7	BCBA	6	32	F	F	White	MS
Ex	8	BCBA	13	36	M	M	White	AL

Participant	Certification	Years Certified	Age	Sex Assigned at Birth	Gender ID	Ethnicity	Geography
9	BCBA	17	42	M	M	White	AL
10	BCBA	8	34	F	F	Black	TN
11	BCBA	13	37	F	F	White	AL

Note: Participants shared demographic information, including gender identity, via fill-in-the-blank options, which are directly represented in this chart.

Measures

Demographic Questionnaire

Participants completed a demographic questionnaire via Google Form (see Appendix C) that verified years certified/licensed, ABA education, and ability to participate meaningfully in study activities. It subsequently collected information about the participants' race and ethnicity (Hispanic/Latino, not Hispanic/Latino, unknown/not reported), date of birth, years practicing as a BA or years of graduate school completed, education level, geographical location, sex assigned at birth, gender identity, and level of experience/knowledge regarding gender-affirming practices. This demographic information was completed after participants were deemed eligible via a brief screening questionnaire and consent was provided. The questionnaire included a combination of open-ended and multiple-choice questions.

Online Focus Group Protocol

A semi-structured interview protocol (see Appendix D) was used to guide the focus group interviews. The protocol asked about participants' knowledge, experiences, and needs for using gender-affirming practices, as well as their preferences regarding the implementation of a training. Information from the focus group interviews was used to develop the online training.

A non-probabilistic convenience sample procedure was used to obtain a small group of participants who were comfortable sharing their experiences and understandings of gender. Each

participant completed one survey and participated in one focus group session. Participants completed the survey prior to the focus group. Participants could also engage in a member check survey at the end of the study, though it was not required. Five total focus group sessions were held for approximately one hour each. The initial intent was to have three total sessions, one for each categorized group. Scheduling constraints served as a barrier, resulting in a need for the early and experienced professional groups to have additional sessions. The preservice group had one focus group session containing three participants. The early professional group had two focus group sessions, each consisting of two participants. The experienced professional group also had two focus group sessions, each consisting of two participants. Participants received an electronic gift card immediately following focus group or focus group engagement. See Table 3 below for details on each focus group session.

Table 3

Focus Group Session Information

Focus Group Sessions			
Session	Recording Duration	Category	Participant ID
1	50.39	Experienced Professionals	8 & 9
2	58.01	Early Professionals	6 & 7
3	54.25	Experienced Professionals	10 & 11
4	53.31	Preservice BAs	1, 2, & 3
5	51.50	Early Professionals	4 & 5

Note: This figure provides details from each of the five focus group sessions. It states the duration of each session recording, what category the participants belong to, and which participants were in attendance.

Procedures

Recruitment began in September 2024 following IRB approval. Recruitment fliers (see appendix A) were shared (a) with ABAI-affiliated chapter presidents (b) on social media (i.e., Facebook) in groups tailored towards behavior analysts and master's students of behavior analysis, (c) on the researcher's personal LinkedIn and Instagram pages. They were also made public for others to share as well. A Google form (see Appendix B) was used as a screening tool. Respondents who met the inclusion criteria were assigned a participant ID and sent a consent form (see Appendix E) and demographic questionnaire via Google Form. Focus group sessions were scheduled based on participant availability and communicated via email. The focus group conversation prompts were shared with participants in this email in a PDF format. Participants were not required to review the questions prior to engaging in the session, though all participants chose to do so.

Eleven people participated in focus groups. Category groups (i.e., preservice BAs, early BAs, and experienced BAs) met separately for 60-minute Zoom sessions that were audiotaped and produced a transcript. Participants engaged in discussions that explored and documented their current understandings of gender through an expansive lens and considerations on the role of gender-affirming care in behavior analytic practice. Focus group methodology allows researchers to gain, view, and explore content within its social context by capturing how participants collectively interact with a topic and one another. This group work has several beneficial implications: it reduces the researcher's power and influence; ensures priority is given

to participant's values, language, and frameworks of understanding; allows for the co-construction of meaning between people; and forces the researcher to recognize the fundamentally social nature of talk (Wilkinson, 1998). Participants were encouraged to interact with one another and during focus group sessions. Within the nature of focus group methodology, the researcher plays a dual role, both facilitating the conversation via the conversation prompts and actively participating in the conversation via interactions with participants. The researcher's comments were not considered in the data when creating themes. The resulting themes were constructed only from the participants' input. Participants were emailed a \$50 gift card to thank them for their time immediately after attending a focus group session. Once all data were analyzed, a summary of the themes was sent to participants with an opportunity to provide feedback in a member check process.

Focus Group

During the focus groups, participants were encouraged to interact with one another by expanding upon, questioning, clarifying, and even contradicting each other's comments. Every focus group began with the researcher reviewing the purpose and process of the study, asking participants for verbal permission to record the focus group on Zoom, the option to withdraw consent and end the focus group at any time, and an opportunity to ask questions before starting. The second section included introductions, five questions, and two optional probes for asking participants about their experiences with gender-affirming care. The subsequent group discussions were guided by the following questions, which participants received via email at least 24 hours before the focus group:

1. How would you describe gender?
 1. Where did you learn what you know about gender?

2. In what ways are expressions of gender identity reinforced and/or punished in our common social environments?
2. How do the issues of gender and sexuality fit into your practice?
3. Think of a time when a client, caregiver, or coworker's gender identity has affected an interaction with you. What was it?
4. What do you wish you knew about gender identity to prepare you to be a better BCBA?
5. We're just about to the end of our discussion. But before we end, I want to check with you to see if there's anything that I may have missed. Is there anything important that you think I should know and ask about? Please share with me any final thoughts you'd like to add.

The researcher conducted all focus group sessions. Session durations ranged from 50 to 58 minutes with an average of 54 minutes. Zoom automatically transcribed focus groups; however, all were reviewed and edited for accuracy and anonymity by the researcher.

Confidentiality

To protect the confidentiality of participants throughout the study, participants' names were replaced with study ID's immediately following their participation in the focus group interviews. All information provided by the participants was de-identified in the transcripts by replacing names with their assigned ID numbers or replacing identifiable information (e.g., locations) with bracketed common nouns. Electronic information was stored on a password-protected laptop and in a password-secured database. No data collection took place in person. Because of this, there were no hard-copied documents that needed to be stored or de-identified.

Quality Indicators

Five quality indicators identified by Brantlinger et al. (2005) were addressed in this phase of the study (see Table 4).

Table 4*Quality Indicators Related to Data Collection*

Participant selection	Participants were identified and recruited based on their experiences as behavior analysts or active studies in applied behavior analysis.
Reasonable interview questions	The focus group interview protocol was created to include open-ended questions to gather a variety of information from participants.
Recording and transcribing interviews	Interviews were recorded and transcribed.
Sensitive representation of participants	The researcher developed a researcher identity that helped to control for bias during the study.
Confidentiality	Participant information was de-identified, with names being replaced with identification numbers and pseudonyms. Electronic information was stored on a password-protected laptop and in a password-protected electronic database to protect confidentiality.

Note: This table details the five quality indicators related to data collection from Brantlinger and colleagues (2005).

Data Analysis

Data from the focus groups were analyzed using a constant-comparative method of analysis (Glaser & Strauss, 1967; Strauss, 1987). The constant-comparative method is a highly inductive data analysis strategy in which the data are sorted without preconceived categories. The categories are developed through the process of analyzing, sorting, and attempting to understand the data. In this strategy, the first segment becomes the first entry into the first category. The next segment is then compared to the one existing category and is judged to belong or to be a member of a second category. This process is repeated until all the data are sorted. Categories are malleable throughout this process and can be collapsed and re-formed based on the data.

Transcripts from all focus groups were uploaded into Dedoose, a software program designed to organize qualitative data for analysis. We coded the data over two months, meeting 10 times for data conferencing and to make data analysis decisions.

The analysis process started with the development of an analysis plan that prioritized centering the voices of the participants (Saldana, 2016). Round one of data analysis consisted of eclectic coding that utilized in-vivo, values, and process codes. In-vivo codes are derived from the direct language of participants while values and process codes often use researcher-generated gerunds (-ing words) to label participants' perspectives and actions (Saldana, 2016). These coding methods are well positioned alongside ontological research questions that address the nature of participants' realities. Each transcript was coded by the researcher and three were independently coded by the research assistant. The first round of coding resulted in 46 initial codes from 153 excerpts. Examples include "don't know what we don't know," "fluent in the binary", "rule governed behavior", and "community builds comfort."

The second round of coding utilized a focused process of categorizing the coded data by thematic and conceptual similarity. Comparing analytical memos, code landscaping, and code mapping were an integral part of transitioning to this process (Saldana, 2016). See Appendix F for an example of code mapping. This allowed the researchers to collapse and refine our codes in response to the data, resulting in three broad categories that encompassed 31 individual codes from the initial 46. Researchers conducted a second round of coding by searching for confirming and disconfirming evidence of our initial claims, allowing us to further refine our claims. Based on the results from the second round of coding, a member check activity was developed. Member checking is a method for establishing the credibility of our qualitative findings (Brantlinger et al., 2005).

Jottings were collected throughout the data collection and analysis process to record detailed notes describing the participant, any major deviations from the focus group protocol, personal reflections, and any noteworthy aspects. These jottings were extended throughout the analysis process and were particularly helpful in documenting unexpected or noteworthy insights, noting deviations in the data, and preparing for weekly data conference meetings. Jottings were combined with analytic memos and compared at the beginning of each data conference meeting to ensure that our separate assertions of the data were consistent. Data collection and analysis processes ended when we reached analysis saturation (i.e., when no new evidence was discovered during analysis; Patton ,2015).

Six quality indicators according to Brantlinger and colleagues (2005) for data analysis were addressed in this phase of the study (see Table 5).

Table 5
Quality Indicators for Qualitative Analysis

Findings	Data were coded systematically and meaningfully by coders using constant comparative analysis. Coders met to discuss disagreements until consensus was met.
Member Check	Member checks were conducted following focus group interviews. Data were summarized and sent to participants for verification. Participants were asked to either edit, add to, or modify the information presented in the summary.
Documentation	Throughout the process there was detailed documentation of processes to ensure sufficient trustworthiness and credibility. This occurred through the use of a fidelity checklist, notes taken on focus group interview protocols following the completion of interviews, and through spreadsheets with information on all focus group interviews.
Reflection	The primary researcher documented the focus group interview process, highlighting key information that could not be noted in transcripts (e.g., participant emotions), and information about the researcher's responses to the interviews that was important to the analysis process.

Field Notes	Thick, detailed field notes were collected throughout the process that included information about the participants and researcher.
Collaborative Work	Multiple researchers worked together to analyze data to ensure results were not biased.

Note: This table details the six quality indicators for data analysis from Brantlinger and colleagues (2005).

Establishing Trustworthiness and Credibility

The main aim of this study was to center the voices of the participants and authentically represent their conceptions and experiences, making it imperative to prioritize activities that establish the trustworthiness and credibility of our findings. Throughout data collection and analysis, we engaged in a process of reflexivity which prompted us to critically examine our own biases and assumptions and how they may have influenced data collection and analysis (Creswell & Cresswell, 2015; Watt, 2007). We additionally conducted a member check process to validate the claims we generated about the data as well as remove or revise claims participants identified as invalid. We prepared a summary of major findings and completed our member check using a survey method. We integrated the new data into the findings by adding additional information into 4 claims of our findings. We reworded 7 of the claims for clarity and eliminated 1 claim from the results due to a lack of participant agreement.

Results

The first study focused on the perceptions of behavior analysts and master's students related to their knowledge of, experiences with, and learning needs regarding gender-affirming practices. Eleven people (8 behavior analysts and 3 master's students) participated in focus group interviews, and constant comparative analysis was used to analyze the results of these interviews. The qualitative analysis resulted in eight themes across three categories. The three categories aligned with the Study One research questions to cover participants' (1) experience with gender-

related concepts, (2) perception and knowledge of gender and affirming care, and (3) needs for implementing gender-affirming practices and future training needs (see Table 6, Study One Focus Group Thematic Analysis on the next page for included themes, subthemes, and definitions). Each category had associated themes, which are subsequently discussed in further detail below.

Table 6*Study 1 Focus Group Thematic Analysis*

Theme	Description	Examples
Category 1: Experiences with Gender-Related Concepts		
Gender-specific concepts and behavior are taught implicitly and explicitly from early childhood throughout one's life.	Participants discussed the ways in which they initially learned about and conceptualized gender in their early lives.	P9: "I think, as a child, it was never really taught to me in any specific way. I think gender roles were pretty clearly defined. I mean, you're either a boy or girl and that's how I understood it."
Overt behaviors aligning with the gender binary are reinforced across contexts.	Participants discussed the common contingencies that shape understandings of gender and gendered behavior.	P5: "There are just so many discriminative stimuli for punishment for people who deviate from gender norms."
Opportunities to personally reflect on matters of gender are critical and irreplaceable to an individual's learning.	Participants discussed the ways in which they learned about gender outside of the binary framework	P7: "I remember the first time that I had the difference between biological sex and gender identity explained to me. It is embarrassing to admit how late in my life it was. I was in my early twenties and was listening to a podcast and I'm still trying to learn more."
Category 2: Perceptions and Knowledge of Gender Affirming Care		
An individual's environment shapes their attitudes, knowledge, and behavior regarding gender.	Participants discussed the nature of gender as a social construct and the social environment as a pivotal source of that knowledge.	P9: "I hail from Alabama. So, there was no other discussion of gender when I was growing up. It was, This is a boy, and this is a girl. These are things that girls do, and these are things that boys do. And I lived in that social construct for a very long time."
Discourse surrounding gender non-conforming individuals has been overwhelmingly negative, resulting in a range of harmful	Participants discussed the current social climate surrounding matters of expansive gender and its potential impact on people's	P2: "[gender divergence] is constantly, constantly talked about in a negative manner."

practices historically and currently.	understandings of and behavior surrounding gender and gender divergence.	
Individuals express fluency regarding the gender binary even if they do not personally subscribe to it.	Participants discussed the ways in which the gender binary is perpetuated through the actions of individuals and the difficulties of adapting an expansive framework of gender.	P4: We’ve all had thousands or millions of trials of people teaching you or you contacting reinforcement for correctly gendering people strictly using he and she pronouns.”
There is no model for applying expansive concepts of gender or gender-affirming care in applied behavior analysis.	Participants discussed the ways the gender-binary is embedded into common conceptualizations, assumptions, processes, and practices of behavior analysis and the lack of alternative models in the field.	P6: “We have much research to do! There are few empirical papers. I think a lot of cis and straight BCBAs, and even queer ones like myself, don’t tackle this issue because of the novelty of it. We don’t know where to begin.”
Category 3: Needs for Implementing Affirming Practices and Future Training Needs		
Learning to implement gender-affirming care will require active practice opportunities and room to make mistakes.	Participants discussed their need for additional training in the area of gender affirming care, opportunities to practice, and room to make mistakes.	P11: “There is a surprising aversion to allowing oneself to practice and make mistakes in this area and field specifically.”

Note: This table defines each theme and provides an example of a participant quote that was used to form and evidence the theme/claim.

Category 1: Experiences with gender-related concepts.

All focus group sessions started with introductions, during which participants were invited to share their pronouns and parts of their identity that felt important to them (i.e., cultural/ethnicity, gender identity, disability, sexuality, religion, etc.). Participants were then asked to describe gender in their own words. The group then engaged in conversation about where they learned what they knew about gender and how their experiences shaped their understanding.

Theme 1: Gender-specific concepts and behavior are taught implicitly and explicitly from early childhood throughout one's life.

Participants discussed the ways in which they initially learned about and conceptualized gender. They expressed that this learning happened very early in their lives and was sourced from a wide range of environments, stimuli, and people, most notably their caregivers. They noted that many of the lessons they received about gender were explicit, such as clear statements regarding what boys and girls should and should not do. However, they also shared that most of these lessons regarding gender were implicit, or indirect, such as the ways the media perpetuates gendered stereotypes. Support for this theme from the focus group is found below

Participants recounted learning about gender very early in their lives. However, they did not identify one specific interaction, moment, or experience that taught them about gender, but rather a countless number of small and embedded teaching episodes that span across several environments, sources, and periods of their lives. While their individual experiences varied, all shared a common theme: they centered the gender binary. Several participants explained that gendered norms are so embedded in our society (e.g., media, verbal behavior) that many people don't understand the distinction between gender and sex. Interactions with caregivers, educators,

and peers, the toys they had access to, the media they consumed, and even the arrangements of their environments sent a clear message: there are two genders, and you are one of them. For example, Participant 10 said, “I hail from Alabama, so there was no other discussion of gender when I was growing up. It was: ‘This is a boy, and this is a girl. These are things that girls do, and these are things that boys do,’ And I lived in that social construct for a very long time.”

Similarly, Participant 9 shared, “I think, as a child, it was never really taught to me in any specific way. I think gender roles were pretty clearly defined. I mean, you're either a boy or girl and that's how I understood it.” Participant 7 added, “I was raised in a state where there's a strict focus on gender roles: women do the cooking, cleaning, staying home with children, and men work and do the manly things. That was pretty strict in my household and in my community.”

These individual statements are well encapsulated in a reflection by participant 9:

$P + BX = F(G \& E)$: A person plus their behavior is equal to the function of their genetics and environment. This equation comes to mind because we are a product of our genetics and our environment, and these components influence our verbal behavior, which, in turn, creates our observable bx . The people who raise us show us what gender is and what we are supposed to think about it, and until we take into account our lived experiences outside of our immediate environment, we follow suit with what we are raised by with gender standards.

All participants recalled moments of both implicit and explicit messages regarding the expectations of the gender binary, such as what bathroom to enter or what toys, clothes, and activities were for boys and girls. Participant 6 explained that they still see these messages relayed to children today, “As a parent, I see explicit and implicit behavior training from strangers and familiar people alike for my own child who performs multiple gender behaviors.”

Participants noted the significant impact these messages had on their understanding of gender and their behavior surrounding it. A memory shared earlier by Participant 6 expresses this notion well:

I have a really vivid memory of being a kid. I had just switched to a brand new school and we were playing a game where you had to pick a peer to switch spots with, but you had to switch genders. I'm brand new to this classroom and I don't know any of these children. I picked somebody with short hair, and everybody in the classroom was like, "That's a girl," and I was just like, 'Oh, well, I have been taught that boys have short hair.' Which is interesting in retrospect because my dad had long hair, but I had still been programmed, even in 1st grade, that boys have short hair and girls have long hair, boys like red, girls like pink. And I remember being so embarrassed in that moment that I got it wrong.

Theme 2: Overt behaviors aligning with the gender binary are reinforced across contexts.

Participants discussed the common contingencies that shaped their understandings of gender and their gendered behavior. They noted that behavior that aligns with gender stereotypes is primarily reinforced across contexts, while behavior that deviates from those stereotypes often results in some form of punishment, or at the very least, does not receive reinforcement.

Evidence to support this theme is detailed below.

Gender expression refers to the behaviors we engage in to express our gender (i.e., clothing, hairstyle, tone of voice, mannerisms, interests, etc.). Contingencies regarding our gender expression, or our gendered behavior, are often dependent upon our sex assigned at birth. Behaviors that align with gender roles, or the things that are expected from a man/woman, will likely access reinforcement. Behaviors that deviate from those expectations will not. An

interaction between Participants 6 and 7 highlights the concept of gendered behavior and the binary expectations that are tied to it:

I sort of feel like gender expression is an outward expression of how to be treated in society—like, where do we fit in some of those cultural norms? For example, when we think of masculine, we think of sports and providing for their families. When we think of feminine, we think about people who are nurturing (Participant 6).

Yes, and I think difference from social and cultural groups is often punished, and that could be true with anything, but probably particularly with this topic (Participant 7).

I agree. If you're not socially conforming, that's rough. Especially in those formative years when we are trying to find our core identities (Participant 6).

Participants spoke about the influence a child's sex has on adult and caregiver behavior. The most discussed example is how people commonly react to the news of a pregnancy and, subsequently, how they speak to infants: "Do you know what you're having?" "Is it a boy or a girl?" "Hello, big man," "Hi, sweet princess!" Participants discussed the ways this continues to play out through childhood, mentioning the stark contrast in things like bedroom decorations, clothing, toys, and activities chosen for children, particularly before they are old enough to choose for themselves. Once children do have autonomy of choice, the things that are offered to or available to them are often determined by their sex. For example, clothing departments, toy aisles, classroom activities, and extracurricular activities are, often, delineated by two genders: boy and girl. Participant 2 talked about moments when her past elementary teachers would instruct the boys in the class to stack the chairs during clean-up. She described how badly she wanted to do the task and how that made her not only question her strength but the strength of girls and women entirely. Small moments like these are impactful, and they are not isolated to

the behavior of adults and caregivers; peers play a large role in the mediation of gender norms. Nearly all participants pointed out that statements like “girls like pink,” “boys can’t wear dresses,” “that isn’t for girls,” and “only a girl can play the mommy,” are so often in early learners’ repertoires. Others discussed that while you might not hear such statements in every early education classroom, you certainly will in most.

Contingencies surrounding gender are not limited to social interactions; they exist in the systems, structures, and processes in our environments. Participant 5 stated that “there are just so many discriminative stimuli for punishment” for people who deviate from gender norms. The gender binary’s influence on common environmental structures is easy to observe when we look at things like restroom facilities, shopping spaces, sports facilities, health clinics, and even hair salons. Several participants also highlighted its influence on common systems and processes, providing examples across common documentation, assessment, and intake practices. Participant 10 explains this by saying, “Take, for example, how many government forms and research surveys do not include a third gender option. And if they do, it’s “other,” which is alienating, or they’re inaccurate, such as putting “transgender” as a gender separate from male and female.”

Theme 3: Opportunities to personally reflect on matters of gender are critical and irreplaceable to an individual’s learning.

Participants discussed the ways in which they learned about gender outside of the binary framework in which they initially learned about it. The experiences they shared were defined by opportunities to critically reflect on and question their current understanding of gender and the learning history that worked to shape their conceptualization. Evidence for this theme is detailed below.

All eleven participants stated that their early, initial understanding of gender operated on the binary. All eleven participants do not currently view gender as a strictly binary concept but rather as a more expansive spectrum. They do not all hold the same understanding or conceptualization of gender. They've all experienced varying degrees of learning about expansive gender. However, they all agree that the gender binary is not something they fully subscribe to. Each participant shared moments, interactions, and experiences that prompted them to question and think critically about the gender binary. For example, Participant 4 shared, "One big part of the journey that sticks out is coming to that realization that biological sex is not the same thing as gender and fully understanding that gender is a social thing, and realizing that it means we ascribe all these behaviors and performances to this label. That was definitely revolutionary." Participant 7 shared a similar experience, "I remember the first time that I had the difference between biological sex and gender identity explained to me. It is embarrassing to admit how late in my life it was. I was in my early twenties and was listening to a podcast and I'm still trying to learn more." Participant 3 spoke about an interaction he observed between coworkers, in which his colleague was asked why he was wearing "girl pants." He explained, "he didn't get mad, he just said, 'well, you can't label jeans. They're just jeans right?' And I kind of thought about it for a second, and I said, 'You're right. It is just jeans. Even I like my jeans a little bit tighter, and I am not a girl.'" Participant 8 stated that the activities and play he engages in with his daughters, such as painting his nails and dressing up, frequently make him examine gender roles and norms. Participant 10 shared that she started thinking more critically about gender in her practice when she started acting as the co-chair of a DEI work group. Participant 6 shared, "I wasn't thinking strongly about gender when I was licensed. I actually wasn't thinking about gender at all, if I'm being totally honest. But I'm doing these things now in my practice

because I feel like they are things I wish people had done for me as a person.” Though their learning processes have differed in many ways, they all share a common theme: the importance of personal reflection in learning opportunities.

Participants were asked to share important parts of their identities and their definition or understanding of gender during focus group introductions. The four participants who identified as gender divergent and/or queer provided more robust, fluent, and articulate introductions compared to the other participants. Their statements were longer, contained fewer breaks in speech, and included more expansive language regarding gender. This was pointed out by Participant 7, following Participant 6’s introduction, as she jokingly said, “Wow, well I don’t want to follow that,” followed by, “I appreciate you being willing to share your perspective because it's really interesting for me to hear.” Participant 6 responded, “To be fair, as a person who's genderqueer, I've been thinking about this a lot. Especially growing up in the South, I was always like, ‘This doesn't really match how I'm feeling on the inside.’ I was putting on this mask of how I wanted to be perceived by others in a way that didn't match how I truly wanted to be perceived. So, I've had a lot of time to think about it.” Participant 1 echoed a similar sentiment in a separate focus group, “I feel like gender gets lost in the mix with a lot of stereotypes, where we have to subscribe to a very masculine or feminine side of things, and that's it. At least, that's what I grew up with. So now, it's like I’m working to unwrite all of that because it's definitely not that black and white.” Queer participants appeared to notice the gender binary across several everyday interactions, systems, and structures that they encounter regularly. For example, Participants 5 and 6 mentioned that forms regularly require them to label their gender as male or female, neither of which they are. Similarly, Participant 4 has two moms, yet regularly encounters forms that ask for his mother’s and father’s names. These personal experiences force

them to notice the gender binary and its blind spots, creating opportunities to think critically about gender. These are also instances that “you’ll likely not notice it if you are cis het in a social environment that punishes this kind of dialogue of cultural norms.” Seizing these opportunities is not always a simple task, as explained in this participant quote, “we sometimes become blind about how to recognize opportunities for self-reflection. When we learn how to recognize the opportunities, we start to learn how to be active in our self-reflection and apply it to our daily practice.”

Category 2: Perceptions and knowledge of gender and affirming care.

The second part of the focus group conversations explored participants’ perceptions of how topics of gender fit into the practice of applied behavior analysis. As participants reflected on the ways they learned about gender, conversations shifted to the social construction of gender and the pivotal role of the environment in shaping gender-related behavior. They discussed the link between the gender binary as the long-held social norm and ABA’s prioritization of socially significant behavior. Participants noted a desire to apply an expansive view of gender to their practice but cited difficulty in doing so.

Theme 4: An individual’s environment shapes their attitudes, knowledge, and behavior regarding gender.

Participants discussed the nature of gender as a social construct and the social environment as a pivotal source of that knowledge. All eleven participants noted gender as a social construct and attributed much of their early understanding of it to the geographical location in which they were raised. Participants who grew up in southern and midwestern states mentioned the strong impact religion had on their communities’ understanding and behaviors regarding gender. Evidence to support this claim will be discussed. Participant 7 shared, “I was

raised in a state with a high population of a particular religion that focuses on strict gender roles in terms of gender identity.” Participant 1 shared a similar notion, “I am a Midwest Catholic boy. So that has its own implications coming from a very strong Catholic background with my family. That has also played into my gender and sexual identity.” Participant 9 said, “I hail from Alabama. So, there was no other discussion of gender when I was growing up. It was, This is a boy, and this is a girl. These are things that girls do, and these are things that boys do. And I lived in that social construct for a very long time.” They noted that while many of the messages they received about gender were explicit and direct, the implicit messages and the observations they made were just as impactful to their learning. For example, Participant 4 stated, “You notice how people who are out get treated. You notice overt comments, jokes, people getting misgendered, or whatever form of bigotry it is, and you learn from that, even though you're not directly contacting it. It informs how your community considers and treats queer people, and it shapes how you're going to behave in a certain context.” Some participants touched on the impact their early learning environments had on their future learning. This notion is best surmised in the following quote by Participant 1:

Our environment influences everything about who we are as humans and our behavior, whether it is subconscious or conscious. Our environment is going to affect our behavior regarding gender and that, in turn, can delay our knowledge on gender. For example, growing up in North Dakota and being in an environment where gender is strictly a binary influenced my knowledge for so long because I did not want to get caught looking into gender studies for fear of retaliation or negative side effects. So essentially, it stunted my knowledge and growth for a long time.

Alternatively, two participants shared a differing experience regarding the impacts of their geographical environment. They shared that while they have felt safe to speak on and explore gender beyond the binary, they immediately recognized the privilege held in that position and that it is likely not a position that most people find themselves in. Participant 5 shared, “I’m personally in a supportive and privileged position to not fear harm in most settings when I speak on gender. That being said, I hope to use this privilege to create safer places for others who are.” Participant 4 shared, “As a gay man raised by lesbians who are good trans allies, I’m decently aware of gender issues. I also feel physically safe and generally socially supported in my environment, being in Massachusetts, in criticizing sexism, homophobia, transphobia, and so on when I see it. However, I think a big footnote on this is that vocally opposing the majority is a privilege.”

Theme 5: Discourse surrounding gender non-conforming individuals has been overwhelmingly negative, resulting in a range of harmful practices historically and currently.

Participants discussed the current social climate surrounding matters of expansive gender and its potential impact on people’s understandings of and behavior surrounding gender and gender divergence. Our environments shape our understandings of gender, and our environments are rife with negative discourse around gender divergence. As Participant 2 put it, “[gender divergence] is constantly, constantly talked about in a negative manner.” This discourse can be observed not just in interpersonal interactions but on much broader levels, such as the media and the political landscape. This discourse is not hard to find, rather, it is hard to avoid. As participant 2 stated, “Just look at half the headlines in the news in the last two months.” Commonplace transphobic discourse perpetuates widespread transphobic beliefs and behavior and has widespread implications for cisgender and gender non-conforming people alike. As

mentioned above, it can delay or even halt self-initiated learning about expansive concepts of gender due to fear of judgment or retaliation. It can limit who we interact with, work alongside, and learn from. For example, Participant 10 shared, “Oftentimes, we've had parents say that they are not comfortable with a person from the LGBTQIA+ community working with their child, or they are uncomfortable because they're in the building and that is massively unfortunate.” Most participants believed that the common negative discourse is a product of people being largely uninformed and fearful. A participant clearly expressed this in saying, “I think it is largely rooted in people lacking the knowledge and fear of the judgment of those around them. This is linked to the confusion surrounding gender, sex, and sexuality with people thinking they are all one and the same and should be binary instead of a spectrum.”

Participant 5 pointed out that “society is so harmful on gender nonconformity.” It is harmful in the way that it perpetuates inaccuracies and prejudice surrounding gender non-conforming people. This has very real impacts on the lives of gender non-conforming people, as shared by Participant 4, “Many queer people are so repressed in homophobic and transphobic environments that they do not even recognize their own identities, let alone instigate conflict with their oppressors.” Many participants pointed out that while there has been much progress made through positive discourse surrounding trans rights, “that is often immediately destroyed, creating a sense of novelty each time it is rebuilt.” Progress in trans rights is not a linear path but rather a cyclical cycle that is so often met with heightened attention and a resurgence of negative discourse.

Theme 6: Individuals express fluency regarding the gender binary even if they do not personally subscribe to it.

Participants discussed the ways in which the gender binary is perpetuated through the actions of individuals and the difficulties of adapting and operating through an expansive view of gender. They discussed how prevalent the gender binary is in their learning histories, the vast number of learning and practice trials they have had in it, and the fluency that has resulted in regarding the expectations of the gender binary. They subsequently discussed how important increasing alternative behavior is in decreasing an undesired behavior, but cited a lack of learning and practice opportunities to operate from an expansive framework of gender. Evidence for this theme is discussed below.

Participants widely acknowledge the performative nature of gender. They held the understanding that gender is more than our chromosomal nature or physical anatomy but a construct that encompasses the ways we behave, the clothes we wear, the hairstyles we choose, the spaces we enter, etc. They noted how deeply the gender binary is embedded into our environments and the expectations within them. They highlighted the vast number of “learning trials” and opportunities to “practice the binary expectations of gender” they’ve encountered throughout their lives. Participant 1 stated, “You are bound to become proficient in something that you have practiced that much for that long.” Participant 5 similarly stated, “I think we underestimate how fluent our repertoire around ascribing to the binary is, even if we don't value it or fundamentally believe in its existence,” going on to say, “It's not enough to want to not be transphobic, or it's not enough to even fundamentally believe That people should not be discriminated against for their gender. It can still show up in people's behavior.” This phenomenon was experienced by all participants regardless of their gender, sexuality, or other identity markers. Participant 5 also shared that they often get misgendered and that it frequently occurs in queer spaces with queer people, despite their good intent. The most commonly

mentioned behavior regarding this notion amongst participants was the difficulty in fluently using expansive pronouns even when actively working to, as described by Participant 4:

“Being a white, Cis, gay man in Massachusetts, in the 21st century, that's a lot better than a lot of other contexts, and yet it still takes so much work for me to not accidentally misgender some people. It's still so deeply ingrained because we all have these learning histories that we didn't choose. We've all had thousands or millions of trials of people teaching you or you contacting reinforcement for correctly gendering people strictly using he and she pronouns.”

Participants mentioned that common practices around pronouns have changed in the last 5 years. For example, pronouns are often included in introductions, email signatures, and even nametags at conferences and similar events. However, participants still found it difficult to use expansive pronouns fluently, effectively, and efficiently. These errors are not born out of a lack of desire or effort but from a lack of practice and opportunities to practice. Participants widely stated that practices such as including pronouns on business cards and in introductions “do not automatically train” pronoun use in conversation and are “not sufficient” in changing our behavior “because there's such a high fluency of the way we're socialized to think about gender.” Gender non-conforming participants even mentioned that it can be difficult to consider the options or possibilities for expressing their gender, often falling into preconceived notions, stereotypes, and expectations that extend from the gender binary. It took a lot of practice to learn to perform within the expectations of the gender binary, and it will take even more practice to learn to operate outside of it because it will require us to unlearn or rewrite what has been instilled in us. This sentiment is expressed in the following participant quote, “Although I do not subscribe to the gender binary, I think there is room for me to grow and learn more about the

fluidity of gender. Embarking on my own gender identity journey over the past three years has shown how long it takes to learn about one's own gender and the nuances of gender fluidity.”

Theme 7: There is no model for applying expansive concepts of gender or gender-affirming care in applied behavior analysis.

Participants discussed the ways the gender-binary is imbedded into common conceptualizations, assumptions, processes, and practices of behavior analysis and how difficult it is to avoid contacting them. They also discussed the lack of an alternative model in the field of ABA that operates from an expansive view of gender and/or prioritizes gender-affirming care. They expressed how difficult it can be to practice, or behave in ways that you have not observed. Evidence for this theme are detailed below.

All participants said they wanted to practice in a gender-affirming way but struggled to because there is no existing gender-affirming practice model in applied behavior analysis and very limited education available on the topic. They stated that concepts of gender were not covered in their education or training, and they have been unsuccessful at finding related continuing education courses. This left participants at a loss for where to start. For example, Participant 6 shared, “We have much research to do! There are few empirical papers. I think a lot of cis and straight BCBA’s, and even queer ones like myself, don’t tackle this issue because of the novelty of it. We don’t know where to begin.” Another participant added that “the field really isn't even having a lot of conversations about this as a whole.” Participant 9 shared, “I am glad, because of my own shortcomings, That I don't work with clients where sexuality is an issue because I would be ill-prepared to address it. I do not feel prepared as a BCBA to do that work.”

Participants also conveyed the notion that the gender binary is deeply embedded into many common practices of applied behavior analysis, referencing stimuli sets, assessment

protocols, instructional programs regarding pronoun and gender usage, preference assessments, and so on. Participant 4 noted that even state licensing documentation has asked for his mother and father's names, leading him to wonder, "Which mom should I list as my father?". Several commonly used assessment scores are delineated or impacted by male and female genders. Nearly all skills assessments test for receptive and expressive use of pronouns and gendered language, only including male and female genders. This often yields treatment plans that teach the use of pronouns and gendered language by visual discrimination. Common stimuli sets are primarily dominated by stereotypical representations of cisgender norms and lack representation outside of the binary expectations of gender. For example, females are represented with long hair, dresses, and pink colors, while males are represented with short hair, pants, and blue colors. Multiple participants recalled moments in which they questioned the limitations of common stimuli sets. Participant 1 talked about a time when he trained a technician to run a program that required the learner to receptively identify by gender using visual discrimination. As he reviewed the program with the technician, they both realized that neither of them resembled the men and women in the stimuli set. Participant 10 shared a similar thought, "I don't look like a picture that you would find on Teachers Pay Teachers. And I have a really short haircut. And I might look like a guy. And I mean, that didn't bother me, but it's also not reflective of what our United States population looks like at this point. You can't identify male versus female as an example by like somebody having long hair and someone else having short hair. How many boys have super long, beautiful hair?"

More than half of the participants expressed that BCBA's and the practice of ABA is largely done "by the book." Participant 1 explained, "We have our templates to align by and our basic scripts like how the VB-MAPP is written out. Our assessments are very clear cut: do this,

then move to this, then move to that, and that's how you should write your programming. And it doesn't allow a lot of room for flexibility.” All participants questioned the usefulness of common practices regarding gendered language, but many cited that they were unsure of what a useful alternative might be. For example, Participant 7 shared, “Are these even useful things to teach today? I don't think so. But I also am not sure how to go about it in a useful way.” Participants found it difficult to avoid these common practices while their repertoires lacked appropriate replacement behaviors.

Mixing for Development

The purpose of the focus group conversations was to determine if there was a need for gender-affirming practice training and gather information to aid in the development of the training (Study 2). Participants overwhelmingly stated the need for such training and discussed the specific content they feel would be necessary in a training related to gender-affirming care. They also discussed the format considerations of a possible training, such as the length of the training, online vs. in-person, and the types of components included. Specifically, information regarding the supports and content BAs needed related to continued education was implemented into the formatting and presentation of the training. In addition, information regarding the knowledge BAs did and did not have related to expansive gender and gender-affirming care informed what information should and should not be covered. The training focused on increasing participants' confidence in the areas they felt were most necessary. Data from the thematic analysis and feedback from participants in member checks were culled, resulting in the identification of 12 training need priorities described below.

(1) Gender Expansive Framework's Benefit to All

Participants highlighted the importance of practices that benefit everyone they work with and alongside. They acknowledged gender-affirming care as beneficial to everyone, cisgender

and transgender people alike, and wanted to learn more about those benefits and ways to discuss and share them effectively.

(2) Queer concepts and terminology

All participants who identified as cisgender and/or heterosexual reported a lack of knowledge and fluency regarding queer terminology. They felt their knowledge gap often resulted in them feeling hesitant to address or speak about LGBTQAI+ matters. They requested direct instruction on the definitions and uses of commonly used terminology along with appropriate resources for future self-guided learning.

(3) Variations in sex characteristics and biology

Several participants cited the moment they learned about (1) the difference in sex and gender and/or (2) the existence of intersex people as a pivotal moment in their learning journey regarding matters of gender. Participants cited this as an important aspect of training in gender-affirming care.

(4) Stages of gender development

Participants acknowledged that concepts of gender are taught and learned early in life but did not feel knowledgeable of the details of how and when these concepts are developed. Participants mentioned the high prevalence of early intervention ABA providers, highlighting the importance of gaining a better understanding of the stages of gender development and increased knowledge of associated overt behaviors.

(5) Personal experiences of gender non-conforming people

Participants noted that much of what they have heard about gender-affirming care and gender non-conformity has not come from the gender-divergent community but rather from news

and media sources. Participants touched on the importance of “nothing about us without us,” requesting suggestions on effective avenues to access trans-stories from trans people.

(6) Teaching self-advocacy and community allyship

Several participants grappled with the question: “Should we teach a gender non-conforming person to self-advocate or should we teach members of the community to engage in allyship behavior?” Many questioned the effectiveness of self-advocacy behavior in environments that do not reinforce them. They requested guidance on how to balance instructional efforts in ways that align self-advocacy behavior with reinforcing environmental contingencies.

(7) Associated laws and policies

Several participants pointed out the plethora of laws and policies that moderate gender-affirming care at both federal and state levels. Many expressed a lack of knowledge regarding the implications of these laws on their practice and requested guidance on how and where to learn more about these laws and ways to operate within them.

(8) Modifying common instructional programs

Participants acknowledged the presence of the gender binary in several instructional programs and behaviors that are commonly targeted. This included but was not limited to instruction on gendered language, such as pronoun use, that relies on visual discrimination. They wanted to learn alternative ways to teach these behaviors, or, at least, ways to avoid learning targets that rely on the gender binary.

(9) Gender-affirming environmental arrangements

Participants highlighted the importance of environmental arrangements in inclusive practices and a desire to learn more about how to embed gender-affirming aspects into their working environments and where to access inclusive stimuli and resources. This includes

advertisement and website content, workplace décor, stimuli and teaching materials, and activities and media.

(10) Inclusive documentation

Participants requested instruction surrounding documentation procedures. This included intake procedures, assessment reports, and employee documentation. They asked to see examples of inclusive forms and narrative write-ups.

(11) Addressing assessment constraints

Participants acknowledged the presence of the gender binary in several commonly used behavior assessments, including target behaviors and scoring procedures that rely on the binary genders. They expressed a desire to assess clients in a more inclusive, authentic manner, along with a lack of awareness of how to do so.

(12) Communicating and collaborating with opposing stakeholders

Several participants highlighted the collaborative, interdisciplinary nature of applied behavior analytic practice. They mentioned the common practice of including caregiver priorities and values in early intervention services. They also discussed tensions that can result from differing values and beliefs of interdisciplinary team practitioners. They wanted to learn to better navigate these tensions while centering the wants and needs of their clients.

(13) Identifying the gender binary in action

Participants determined the ability to identify the binary in action as a prerequisite to seizing opportunities to reflect on concepts of gender and effectively implement gender-affirming practices. This means we must be able to notice the impacts of the gender binary on systems, structures, and processes before we can work to structure them in different, more inclusive ways.

(14) Being respectfully curious

Participants expressed feeling unsure of how to talk to and/or inquire about people's gender identity and related priorities and needs in a respectful, non-harmful manner. This included clients, families, colleagues, and supervisees.

CHAPTER 4: STUDY 2

This dissertation contains two related studies. The first study used focus groups to determine what BAs identified as areas of professional development needed in the area of gender-affirming care. Information from Study One was used to guide and inform the development of a gender-affirming practice training. Study Two was conducted to evaluate the impact the training module had on knowledge of BAs about gender-affirming care and confidence in implementing gender-affirming practices. This study used a quasi-experimental pre-post analysis to evaluate the efficacy and social validity of the training and was guided by the following research questions.

1. Do BAs who complete a gender affirming practice training show greater understanding of gender affirming practices and more confidence to apply them in practice?
2. How do BAs perceive the acceptability, feasibility, and effectiveness of the gender-affirming practice training?

Methods

Participants.

This research was conducted in compliance with standards established by the institution's Institutional Review Board, which included procedures for informed consent. The study was carried out remotely using online technologies. Email was utilized for all research communication, while Zoom was employed for the training session. Participants were recruited through electronic fliers posted on social media platforms such as LinkedIn, Facebook, and Instagram. Behavior analysts and master's students in behavior analysis were targeted for this study. All participants were screened for eligibility using an online self-reporting questionnaire. To qualify for participation, participants were required to either possess a master's degree in

applied behavior analysis or be actively pursuing one. Refer to Appendix G for an example of the brief screening questionnaire.

This study included 38 total participants, composed of 11 master's students (including RBTs and BCaBAs) and 27 Behavior Analysts (BCBAs). Most participants were identified as cisgender (95%) and female (82%). Nonbinary/gender queer participants made up 5% of the group. Most participants identified as white (61%), while 21% identified as Asian, 8% as Black, 5% as Latinx, and 5% as two or more races. This distribution closely mirrors the demographic data of BCBAs and certified technicians provided by the Behavior Analytic Certification Board (BACB), in which the majority are white, 85% of certificants report as cisgender females, 14% as cisgender males, and approximately 1% as nonbinary or other (2025). The participant group predominantly resides in Washington state (87%), with a smaller number located in other states such as Missouri, Kansas, Florida, Michigan, and Massachusetts. Master's students ranged in age from 22 to 33 years, with an average age of 27.4 years, and had been certified as an RBT and/or BCaBA for an average of 2.1 years, with a range of .5 to 5 years certified. Behavior Analysts ranged in age from 24 to 54 years, with an average age of 35.3 years, and had been certified for an average of 9.9 years, with a range of 1 to 26 years certified. Of the 38 total participants, 8 reported having received prior training related to gender affirming care. See Appendix H for more information on individual participants.

Measures

Demographic Questionnaire.

Participants completed a demographic questionnaire via Google Form (see Appendix I) that gathered information about their race and ethnicity, age, years practicing as a BA or graduate school completed, education level, geographical location, sex assigned at birth, gender

identity, and training history regarding gender-affirming practices. This demographic data was collected after participants were deemed eligible through a brief screening questionnaire and consent was obtained. The questionnaire included both open-ended and multiple-choice questions.

Pre- and Post-Measures.

There were two researcher-created scales used in Study Two (see Appendix J): (a) knowledge and (b) confidence in applying gender affirming practice. These scales were administered prior to and after completing the training. The first scale focused on the knowledge of gender-affirming practice. The scale included 23 multiple-choice questions about gender-affirming care and an expansive view of gender, because you cannot engage in the former without the latter. Questions directly related to the content learning needs identified by BAs in Study One (i.e., terminology, gender socialization, social construction of gender, facets of gender-affirming care, and stages of gender development), and were presented in a randomized order for each participant. Sample questions include: Children's thoughts about gender are most rigid at what age? Is transgender defined as a mental illness? What is the process of learning to act as a boy or a girl? Is gender able to change over time? Do all transgender people experience gender dysphoria? Who benefits from gender-affirming care? The knowledge scale was created by the student researcher and was reviewed by two key informants who had extensive knowledge and training in gender-affirming care. See Appendix J for a complete list of questions.

The second scale focused on participants' confidence in applying gender-affirming practices in their work environment. The scale had a total of 3 Likert-type questions with a scale of 1 to 5, with 1 being low and 5 being high. Questions focused on participants' confidence in using strategies taught in the gender-affirming practice training: (a) I feel prepared to teach

students who are gender-divergent, (b) I would rate my overall knowledge of gender-affirming practices at a, (c) I would rate my overall confidence in implementing gender-affirming practices at a.

Social Validity Questionnaire.

Following the implementation of the intervention, participants completed another researcher-created measure called the post-training social validity questionnaire (see Appendix K), which included three sections: (a) acceptability, (b) feasibility, and (c) effectiveness. It contained a total of 14 questions, with each section having four to five Likert-type questions that ranged from 1 (strongly disagree) to 5 (strongly agree) and one open-ended question asking if the participant would like to share anything else about the training related to the given topic (i.e., acceptability, feasibility, or effectiveness). The social validity questionnaire was created specifically for use in this study.

Procedures

Recruitment began following IRB approval and data analysis from Study One, in February 2025, and concluded one day before the date of the training, April 12th 2025. Recruitment fliers (see Appendix L) were shared (a) with participants from Study One, (b) on social media (i.e., Facebook) in groups tailored towards behavior analysts and master's students of behavior analysis, (c) on the researcher's personal LinkedIn and Instagram pages. They were also made public for others to share as well. A Google form (see Appendix G) was used as a screening tool, with a link included on the recruitment flier. Potential participants ($N = 79$) were able to access the Google form by following the link or emailing the researcher. If they met the inclusion criteria, they were assigned a participant ID and sent a consent form (see Appendix M) and demographic questionnaire via Google form. Fifty-seven participants provided consent to

participate and completed the demographic questionnaire. One week prior to the training, participants were sent two pre-scales to assess knowledge and confidence (see Appendix J) in implementing gender-affirming practices. Fifty-one participants completed the pre-scales and were provided with a Zoom link for the training session. Forty-three participants attended the two-hour training session on April 12th, 2025, via Zoom. Immediately after completing the training, they completed both post-scales (i.e., knowledge and confidence) and the social validity questionnaire (see Appendix K) for social validity purposes. Thirty-eight participants completed the post-scales and were included in this study. A technical error resulted in one participant's post-knowledge scale responses to not save with the data, however, their confidence scales and social validity data were accurately collected. Due to this, Participant 38 was included in the study, but they were excluded from the knowledge scale data. This decision was made because the scales were all analyzed separately and did not impact each other. This study included 37 participants in all pre- and post-data sets (i.e., confidence, knowledge, and social validity), and 1 additional participant in the confidence and social validity data sets only (i.e., 38 total participants). To thank participants for completing the post-measures, they were (a) provided with a CEU certificate (BCBA participants only), and (b) entered into a raffle for one of ten total \$50 electronic gift cards.

Confidentiality

Participants were provided a study ID at the outset of all study procedures to protect their confidentiality. The study ID was used to complete all data collection forms so that no names were collected alongside identifying information or tied to any data. A key with participant names and IDs was stored separately from the data. Electronic information was stored on a password-protected laptop and in a password-secured database. No data collection took place in

person. Because of this, there were no hard-copied documents that needed to be stored or de-identified.

Intervention: Gender-Affirming Practice Training

The two-hour training session was developed by the student researcher and was reviewed by two key informants who had extensive knowledge and experience in the fields of gender-affirming care and applied behavior analysis. The training content reflected the input from Study One participants and was informed by a range of resources, including the American Psychological Association's guidelines for practice with transgender and gender nonconforming people (2015), The National Center on Parent, Family and Community Engagement's guide for early childhood programs and professionals (2019), Oda and Stiehl's tutorial on ethical data practices surrounding gender identity (2025), Petronelli & Ferguson's manuscript on increasing trans-inclusive practices with behavior analysis (2021), Out & Equal Workplace Advocate's best inclusive practices for non-binary inclusion in the workplace, and Leland and Sockwell's self-assessment tool for cultivating affirming practices with transgender and non-conforming clients, supervisees, students, and colleagues (2019).

The training was delivered via a two-hour presentation that consisted of a PowerPoint presentation, presenter narration, video examples, model examples of inclusive practices in action, and activities related to real-world examples of situations that help participants engage in the content in meaningful ways (see Appendix N for copies of PowerPoint slides). A PDF copy of the slides was provided to participants at the start of the training. Additional supplemental resources were created for participants to use during and after the training including A Queer Terminology Tip-Sheet (see Appendix O) that provided definitions of the terms used throughout the training and an Intersecting Identities Tip Sheet (see Appendix P) that detailed the

intersection of gender and neurodiversity, defined gender-affirming care, and provided examples of affirming-practices.

The training was composed of two sections. The first section covered: (a) queer terminology and an overview of an expansive view of gender, (b) a self-reflection exercise for exploring one's own gender, (c) stages of gender development, and (d) the intersection of gender and neurodivergence. The second section covered: (a) gender-affirming care, (b) actionable affirming practices, (c) model examples of inclusive documentation, environmental arrangements, instructional programs, and difficult conversations with opposing stakeholders, and (d) resources for continued assessment, learning, practice, and implementation. Participants were encouraged to ask questions as they arose and were provided an opportunity to ask questions at the end of each section, and the student-researcher responded.

Pilot

The measures and gender-affirming practice training were piloted with three BCBA's who did not meet the inclusion criteria (e.g., who were not available on the day of the scheduled training). These BCBA's had experience practicing ABA, supervising master's students, and teaching ABA courses at a higher-education institution, and benefitted from the content of the training. The pilot participants provided feedback regarding the format of the training, materials presented, pacing, measures, and information that helped the researcher adjust the training as needed prior to implementing it with study participants. For example, pilot participants were able to provide information regarding errors in questions on the measures so they could be corrected prior to being used with study participants. Additionally, two key informants with extensive knowledge in gender-affirming care and ABA were asked to review the measures for accuracy,

content, and coverage of material. Feedback from the BCBA's and key informants was integrated into the measures, and changes were made accordingly.

Data Analysis

This study used a quasi-experimental pre-post analysis because we were interested in developing an intervention that can be used as a continuing education course, and pre-post tests are how CE courses are most frequently evaluated. We collected the control, or baseline, data point less than a week before the delivery of the intervention. Comparison data points were collected immediately after the delivery of the intervention to control for many of the potential extraneous variables and to decrease the need for multiple data points to establish a relationship between the independent and dependent variables. The knowledge and confidence scales were analyzed using descriptive statistics and visual analysis. A paired T-test was conducted on the pre- and post-knowledge scale data to indicate if there was a statistically significant effect of the training on the outcome variables (Lehmann & Romano, 2022).

The data from the social validity questionnaire were also analyzed using descriptive statistics for social validity purposes to indicate overall satisfaction with the training itself. The questionnaire had three sections: (a) acceptability, (b) feasibility, and (c) effectiveness. Means and standard deviations were calculated on each section to identify the overall satisfaction of the training and qualitative data analysis was conducted on the open-ended questions to identify similarities and differences in those responses.

Results

The first research question for Study Two focused on BA's knowledge ($n = 37$) and confidence ($n = 38$) in implementing gender-affirming practices after participating in a gender-affirming practice training. Outcome data were analyzed using visual analysis and descriptive

statistics, and results indicated significant improvement across all outcome variables. Pre- and post-data for the knowledge and confidence scales were analyzed using a paired T-test analysis, and results indicated a statistically significant effect of the training on the outcome variable.

Knowledge.

Paired T-Test analysis indicated there was a significant effect of the training on the knowledge scale ($t(36) = 8.98, p < 0.001$). This large t-value, with a p-value less than 0.001, indicates a statistically significant difference between the pre- and post-training scores. This t-value is very high, meaning the difference between pre- and post-scores is very unlikely due to chance.

Most participants experienced noticeable gains. For example, Participant 6 improved from 48% to 85%, and Participant 11 from 26% to 85%, both demonstrating strong knowledge acquisition. Several participants, 38% of the group, reached very high scores post-training (85% or higher), suggesting they not only benefited but also mastered the content. A small number of participants, such as Participant 1 (63% pre- and 78% post) and Participant 37 (59% pre- and 70% post), showed more modest improvement. While still positive, these shifts suggest the potential need for additional support. Only two participants maintained approximately the same score on the pre- and post-measures, such as Participant 35 (56% pre and 59% post) and Participant 21 (78% pre and 74% post). No significant declines were observed.

The training was effective for the group as a whole, with nearly all participants showing improvement. While gains varied in magnitude (standard deviation of 17.65), the overall pattern indicates strong learning outcomes. A mean improvement of approximately 26.05 percentage points suggests that the training had a positive, meaningful impact on participant knowledge. The

graph and box plot in Figure 4 below visually reinforce these results, showing that post-training scores consistently trend higher than pre-training scores across nearly all participants.

Figure 4

Graph of Pre vs. Post Knowledge Scale Scores

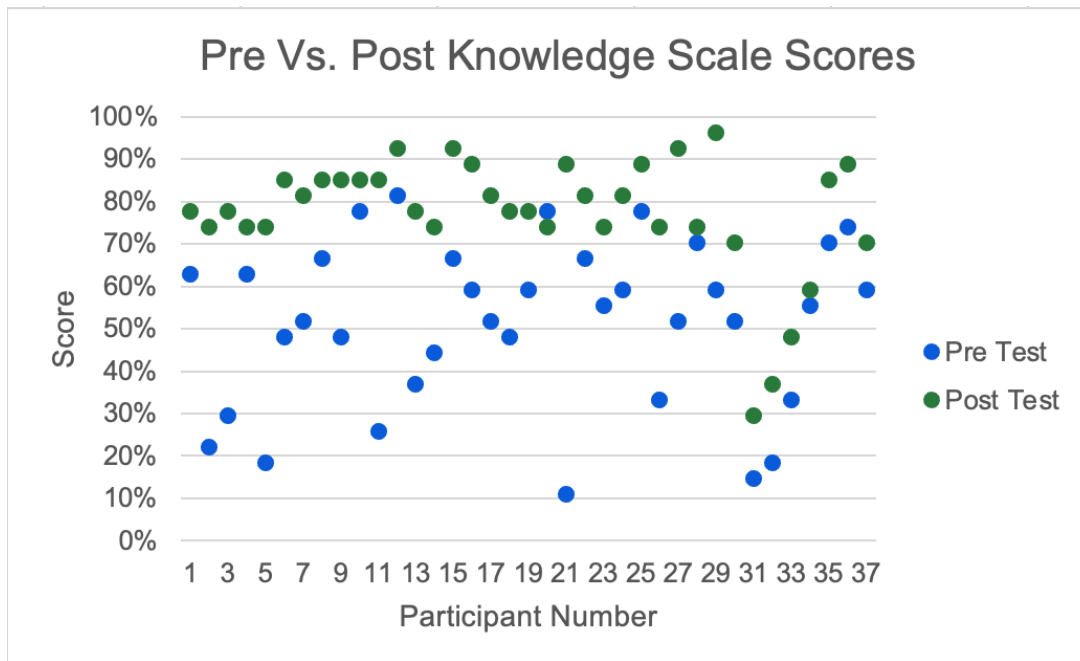
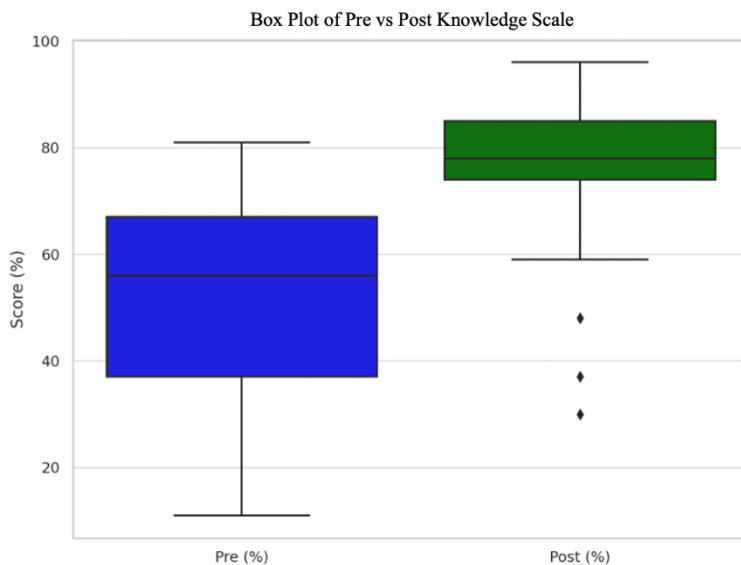


Figure 5

Box Plot of Pre vs. Post Knowledge Scale Scores



Eight knowledge scale questions were most frequently answered incorrectly by participants on the pre-measure. Correct responses significantly improved for seven of the eight questions on the post-measure. Notably, all four questions related to the stages of gender development were frequently answered incorrectly on the pre-measure, each only receiving three to five correct responses. Correct responses to these questions in the post-measure ranged from twenty to thirty-four. Similarly, the question regarding when the medical aspects of gender-affirming care may typically begin received no correct responses in the pre-measure and twenty-four correct responses in the post-measure. The question asking if all transgender people experience gender dysphoria received 11 correct pre-responses and 32 correct post-responses. The question regarding the irreversibility of puberty blockers also received 11 correct pre-responses but only 26 correct post-responses. This smaller gain might be attributed to the wording of the question and might have seen more improvement if it had asked about reversibility rather than irreversibility. Only one question did not show higher rates of correct responses after the training. The question, “Are gender norms associated with and constructed by men and women’s physical differences?” received six correct responses on the pre-measure and seven correct responses on the post. This is likely attributed to minimal explicit instruction on the social construction of gender norms during the training.

Confidence.

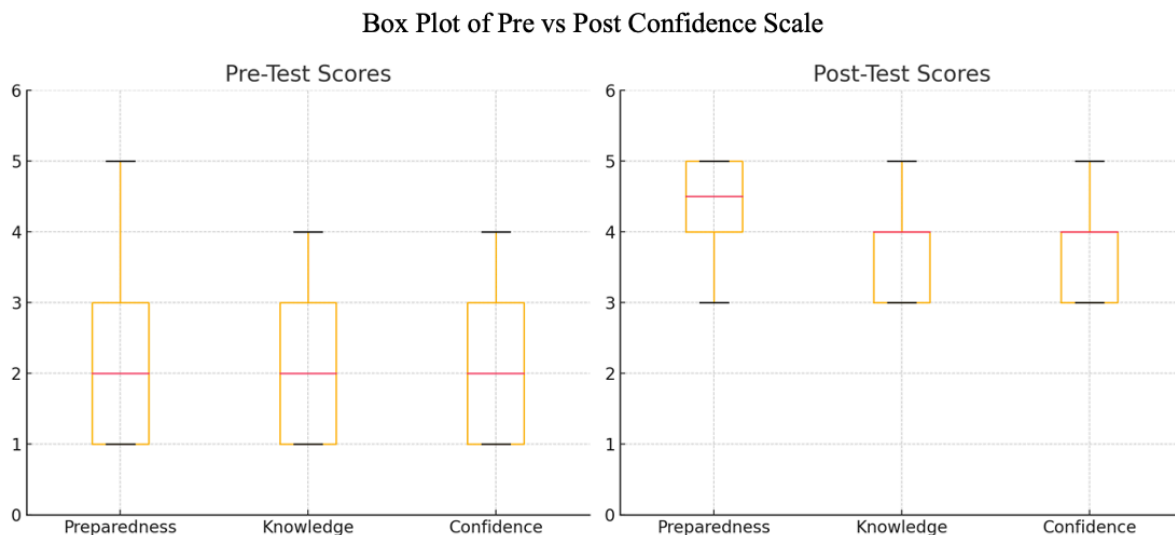
Paired T-tests showed that the intervention had a statistically significant impact on participants’ self-perceived preparedness, knowledge, and confidence in implementing gender-affirming practices. With all three areas showing p-values <0.001 , we can conclude that the changes are not due to random chance. Participants reported a significant increase in their sense of preparedness. The pre-intervention scores hovered near the low end of the scale (mean = 2.26),

while post-intervention responses averaged over 4, indicating a substantial shift in perceived readiness. The low standard deviation post-intervention (.75) suggests greater consistency among participants. The self-rated knowledge also showed a significant improvement, with the mean increasing from 2.24 to 3.89. Participants seem to have gained notable awareness and understanding of gender-affirming practices throughout the intervention. Confidence levels mirrored the trends seen in preparedness and knowledge, increasing from 2.13 to 3.89. The consistent rise in scores and a lower post-test standard deviation indicate not only improved self-assessment but also a more unified level of confidence across the group.

The boxplots below display the distribution of responses for each survey question before and after the intervention. Each category shows a clear upward shift in medians and a reduction in lower-ranged responses, indicating improved outcomes post-intervention. The spread of the data also becomes tighter post-intervention, suggesting a more consistent increase across participants.

Figure 6

Box Plot of Pre Vs. Post Confidence Scale



Social Validity Questionnaire

Following completion of the gender-affirming practice training, participants completed a social validity questionnaire that inquired about the acceptability, feasibility, and effectiveness of the training (see Appendices Q and R for summaries of the findings). These findings are related to Study Two's second research question. Participants provided responses on a scale of 1-5 (1 = strongly disagree, 5 = strongly agree). Regarding the acceptability of the intervention, participants provided a mean score of 4.7 (0.53 SD). In general, participants shared positive comments in the open-ended sections regarding the acceptability of the training as well. One participant stated, "Great training for someone who is not confident with little experience. I felt safe not knowing and making mistakes." Similarly, another participant stated, "The training was excellent. I would highly recommend this for any behavior analyst, trainee, or other ABA professional." Two participants specifically lauded the focus of the training, with one stating, "Just appreciate the work you are putting in for the queer/neurodivergent.", and the other saying, "I am very grateful for someone doing this kind of research in behavior analysis. It is much needed and often overlooked."

Though the comments about the acceptability of the training were primarily positive, there were a few comments that indicated participants were not fully satisfied with the training. For example, one participant stated: "I think this was a great training for folks already on board with the need for gender affirming care. I don't think it would be a good fit for folks who think gender affirming care is problematic (and unfortunately, that includes many BCBA's)." Another participant shared a similar sentiment, stating, "I worry about trainings like this in the current political climate, but I am happy to see it is still happening."

Feasibility was assessed next, including questions about the ease of information presented, materials organization and usefulness, and suitability of the format of the training. Participants

reported mean scores of 4.79 (0.41 SD). In general, participants were pleased with the information presented in the training. One participant shared, “The way information was described was very easy to follow and understandable for myself who had done little research and training in gender-affirming care.” Others stated that the training was “great! Easy to follow, interactive, and comprehensive” and “easy to understand/broken down into digestible parts.” Participants were overall very pleased with the organization and usefulness of the materials presented. For example, one participant shared that they, “loved all of the resources and how each individual resource link was sent as it was relevant. This helped me to stay engaged.” Another stated, “The training is feasible to implement as it provides ready-to-use resources like documentation templates and conversation scripts that require minimal modification for immediate use.”

Participants were generally pleased with the format of the training, though a few indicated that the length of the training was not suitable. For example, one participant wished “there could have been more time for discussion,” another wished the staged of gender development “had a bit more breadth,” and another wanted more discussion and practice on difficult conversations with stakeholders “if time permitted.” Another participant touched on this notion in stating, “There is so much to cover- and if the training had been more than 2 hours I would have zoned out. No way to cover so much content in such a short time.”

The final section of the social validity questionnaire was an assessment of the effectiveness of the training. Questions in this section focus on whether the training helped the participants gain new knowledge and if the participants felt they could effectively use the strategies in their future practice. Participants reported mean scores of 4.6 (0.59 SD). Comments regarding the effectiveness of the training were generally positive, with one participant stating, “Overall the training was great! I describe my self as zero knowledge in this area, but now at least I have 5 (10

is the full mark).” Another shared, “The training equips practitioners with concrete tools and conversation frameworks to create inclusive environments while navigating potentially challenging interactions with stakeholders.” Most excitingly, a participant shared that they “will be integrating these practices and educating our team.” Another participant similarly stated,

“I am so happy that you provided tools and ideas for practicing. Most of my experiences in life conform to my 50 years of practice with assigning gender and using pronouns so that I have felt deprived of opportunities to improve in my fluidity. Very useful! Thank you!”

Though most comments were positive, one participant was concerned about relating the content to their adult clients, stating, “the examples and scenarios were catered to early childhood and did not always match. However, the information at large was still valuable across all persons and age groups.” Another participant also shared concerns related to using the strategies presented in the training:

“I really enjoy the training, but as mentioned many times... it takes practice!! I'm not sure I feel confident to implement these strategies or talk to stakeholders about this whole change in mindset/actions. I also believe that for this to be effective with practitioners who work at private clinics/schools, the training should be offered to the staff as well so the whole group is exposed to it.”

Participants had recommendations for future trainings. Some recommendations included more in depth coverage of the stages of gender development, more information tailored to working with older age groups, more focus and practice opportunities regarding difficult conversations with opposing stakeholders, more time for group discussions and reflection, and a longer duration of

training or a series of trainings. These are recommendations that will be considered for future iterations of the training.

CHAPTER 5: DISCUSSION

This was a mixed-methods study, presented in two parts for clarity. Study 1, a qualitative investigation, informed the training content for Study 2, an evaluation of an online training course for behavior analysts about gender affirming care. This chapter discusses the findings from each study separately, followed by an integrated analysis to elaborate, enhance, and clarify the results, leveraging the strengths of both qualitative and quantitative data for a more complete understanding.

Discussion of Study 1 Findings

Findings from Study 1 coalesced around three broad areas: (1) how behavior analysts have experienced and perceived gender-related concepts, (2) what behavior analysts perceive and understand about gender and affirming care and its role in behavior analysis, and (3) what additional training behavior analysts need to implement gender-affirming practices. Focus group participants shared diverse life experiences and conceptualizations of gender. A common theme emerged: early experiences framed gender through a binary lens, often enforced through environmental factors such as childhood décor, clothing, toys, extracurricular activities, forms of address, and behavioral expectations. Participants described these early lessons as learning about gender “incorrectly” and “non-inclusively.” These experiences spanned across caregivers, educators, peers, social spaces, and even media influence.

Many participants reported beginning to learn about expansive gender concepts during college, particularly by understanding the distinction between sex and gender and recognizing gender as a social construct. For queer and/or gender-diverse participants (4 out of 11), this learning often involved deep self-reflection prompted by personal experiences that conflicted with binary gender norms. However, participants noted that increased knowledge did not always

translate into immediate behavior change. Despite understanding expansive concepts of gender, many found themselves reverting to gender-binary language and stereotypes. This led them to recognize the powerful effects of early conditioning, the necessity of replacement behaviors and practice opportunities, and the pervasive influence of gendered environments. These reflections underscore the critical need for training that addresses how children learn about gender from an early age, including the implicit and explicit messages they receive, and how such learning shapes future behavior, attitudes, and identity development.

Participants critiqued how binary gender assumptions are embedded within behavior analytic practices, including environmental arrangements, instructional methods, assessments, documentation, and interpersonal interactions. These critiques align with those raised by neurodivergent and gender-diverse advocates (Autistic Self Advocacy Network et al., 2016; Autistic Women & Nonbinary Network, 2021; Everett, 2019; Laurent, 2019; PFLAG National, 2023; Rivera, 2020). While participants expressed a strong desire to implement gender-affirming practices, they reported feeling unprepared due to limited knowledge and insufficient access to relevant education. Although behavior analysts possess expertise in developmental stages, few have experience considering gender as a socially constructed and expansive concept—an observation especially evident among those identifying as queer and/or gender-diverse, who demonstrated greater fluency.

Increasing opportunities for BAs to learn about, discuss, and practice expansive concepts of gender and gender-affirmation was the most immediate, prevalent need identified. Participants emphasized the need for training that is digestible, personal, interactive, applicable, accessible, and supportive of learning through error. They suggested that training content should start with foundational concepts and include opportunities for critical self-reflection. Importantly,

participants wanted actionable strategies they could immediately apply, along with examples, tools, and practice opportunities (e.g., affirming documentation, treatment plans, environmental arrangements, and stakeholder conversations). They also highlighted the importance of creating training environments that encourage exploration without punishment for mistakes, consistent with behavior analytic principles that optimal learning occurs when learners are happy, relaxed, and engaged.

Discussion of Study 2 Findings

Study 2 evaluated the impact of a 2-hour, online gender-affirming care training on behavior analysts' knowledge, confidence, and perceptions of the training's social validity. Findings from both quantitative and qualitative data indicated that the training was highly effective.

Quantitative analyses revealed statistically significant improvements in both knowledge and confidence. Paired samples t-tests showed large effect sizes, with an average knowledge increase of 26.05 percentage points ($t = 8.98, p < .001$) from pre to post testing. Participants' reports of their confidence similarly improved, with mean scores rising from the lower end of the scale (2.13–2.26) to well above the midpoint (3.89–4.00). Decreased post-training standard deviations suggested greater consistency among participants.

Social validity data further supported the training's acceptability and effectiveness, with mean ratings between 4.60 and 4.79 out of 5 across dimensions of acceptability, feasibility, and effectiveness. Qualitative feedback echoed these findings, with participants describing the training as accessible, engaging, and practically useful, particularly those newer to gender-affirming care. However, some participants expressed a desire for more time to engage with complex topics, such as navigating controversial stakeholder interactions, and requested

additional content relevant to adult clients and diverse populations. These suggestions are important considerations for future training enhancements.

Mixing for Complementarity

This mixed methods study had three aims: (1) identify the perspectives of behavior analysts as they relate to their knowledge of, experiences with, and needs for using gender-affirming practices, (2) test the efficacy of a continuing education training for behavior analysts in the areas of knowledge and confidence in applying gender-affirming practices, and (3) explore the perceptions of behavior analysts regarding the acceptability, feasibility, and effectiveness of a newly developed gender-affirming care training.

Together, the findings provide a comprehensive view of the challenges and opportunities for integrating gender-affirming care into behavior analysis. Study 1 revealed variability in participants' understandings of gender, shaped by early binary socialization and limited exposure to inclusive concepts. Participants underscored the behavioral insight that knowing better does not automatically lead to doing better, a finding that directly informed the design of the training evaluated in Study 2.

Study 2 confirmed that the training successfully addressed many gaps identified in Study 1. Statistically significant increases in knowledge and confidence, paired with high social validity ratings, demonstrate that the training was both effective and aligned with participants' needs. The accessible language, actionable strategies, and supportive environment that participants had requested were reflected in their positive evaluations.

The consistency between qualitative insights from Study 1 and the feedback from Study 2 strengthens the internal validity of this research. Participants' initial calls for digestible, interactive, and applicable training were realized, and their requests for practical tools were

directly addressed through the training's design. The iterative design of this mixed-methods approach enabled the development of a participant-informed training that modeled the principles of affirming care it sought to teach. However, areas for future growth remain, including expanding training content for diverse populations and allowing more time for practice and reflection.

In sum, these integrated findings demonstrate that behavior analysts are eager to improve their ability to provide gender-affirming care but require scaffolded, behaviorally informed learning experiences. This research shows that such training is both desired and effective, and it highlights the importance of continued engagement with lived experiences, iterative refinement based on participant feedback, and a commitment to fostering environments where learning, unlearning, and growth can occur.

Limitations

While this mixed-methods study provides valuable insights into behavior analysts' experiences and training needs regarding gender-affirming care, several limitations should be acknowledged. First, the sample size for both studies was relatively small and not randomly selected, which limits the generalizability of the findings. Participants were likely self-selected individuals with an interest in gender-affirming care, which may have led to sampling bias and more favorable responses to the training.

Second, the quasi-experimental design of Study 2 lacked a control group, which restricts the ability to attribute observed changes solely to the training. While statistically significant improvements in knowledge and confidence were found, the absence of a control group means that alternative explanations, such as maturation or external influences, cannot be fully ruled out.

Furthermore, the post-training data were collected immediately after the intervention, limiting the ability to assess long-term retention or changes in behavior over time.

Finally, the qualitative findings were based on focus groups, which may have introduced social desirability bias or limited the depth of individual disclosure. Although focus groups provided rich, collaborative dialogue, some participants may have hesitated to share dissenting views in a group setting.

Implications

Despite these limitations, this study offers meaningful implications for behavior analytic practice and future research. First, the findings strongly support the need for behavior analysts to receive structured, accessible, and behaviorally grounded training on gender-affirming care. The positive reception and effectiveness of the training developed in this study point to the potential for widespread implementation of similar educational interventions across the field.

Behavior analysts are uniquely positioned to provide affirming care due to their expertise in behavior change, environmental analysis, and reinforcement systems. However, as the findings from Study 1 reveal, traditional ABA training programs have largely omitted content related to gender diversity and affirming practices. As such, there is a critical need for professional development, continuing education, and supervision practices that integrate these concepts in meaningful and ongoing ways.

A key implication from both studies is the need for a series of trainings, rather than a single-session model. While one-time trainings can increase baseline knowledge and confidence, they may not offer sufficient depth to meaningfully influence long-term behavior change. A training series would allow for a scaffolded approach, covering foundational concepts in early sessions and gradually introducing more complex, nuanced, and context-specific topics. This

format would also provide opportunities for repeated practice, feedback, and reflection, critical components in developing fluency with gender-affirming practices. Additionally, a training format with multiple sessions can better accommodate diverse learner needs and contexts, ensuring that content is relevant for behavior analysts across different settings and client populations. Importantly, by prioritizing training in gender-affirming care, behavior analysts take a proactive step in responding to negative feedback from consumers regarding inclusivity and cultural responsiveness. Such efforts reflect a broader commitment to compassion, sensitivity, and appreciation for diversity—qualities that are essential for building trust and delivering ethical, person-centered care.

In terms of research, future studies should aim to include larger and more diverse samples. Longitudinal studies are also needed to assess the sustainability of knowledge and confidence gains over time and to evaluate whether training translates into meaningful changes in outcomes for clients, colleagues, and families. Moreover, expanding the training to address various settings (e.g., adult services, school-based programs, organizational contexts) will help meet the broader needs identified by participants.

Conclusion

This mixed-methods study provides a foundation for understanding and addressing the current gaps in behavior analytic training related to gender-affirming care. Through the voices of practicing behavior analysts and the evaluation of a targeted training intervention, this research highlights both the challenges behavior analysts face and the promising potential of behaviorally informed, affirming practices.

Participants articulated a clear desire to grow their knowledge and skills, but also emphasized the importance of supportive, non-punitive learning environments, mirroring the

same affirming approaches we aim to provide to our clients. The training developed and tested in this study represents a first step toward meeting that need, demonstrating that with the right tools, behavior analysts can begin to shift their practices in ways that affirm gender diversity and foster inclusive, respectful environments.

By centering the lived experiences and learning needs of practitioners and by approaching gender-affirming care as a behavioral skill set that can be shaped and supported, this study offers both practical and conceptual contributions to the future of culturally responsive behavior analysis. Continued efforts to build upon this work can help ensure that all clients, colleagues, and families, regardless of gender identity, receive affirming, respectful, and effective care.

ENDNOTES

I acknowledge the use of AI tools to assist in double-checking statistical analysis and generating organizational ideas for this paper. I used Grammarly to proofread this manuscript, specifically targeting typos, grammatical errors, passive voice, repeated words or sentences, and unnecessary adverbs. I reviewed the AI suggestions critically and made revisions using my own words and style. While AI tools can be helpful, it's important to remember that they are not a substitute for critical thinking. I used the AI's suggestions as a starting point, but I always carefully considered and evaluated them before incorporating them into my final work.

[Grammarly], [April, 2025].

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APPENDIX A: STUDY 1 RECRUITMENT FLIER

Behavior Analysts: Let's Talk About Gender

What do we need to know and how do we want to learn it?

This research study aims to understand how behavior analysts understand, consider, and communicate about gender. We are interested in the implications concepts of gender have on our work, our learners, and our practices. Results from these conversations will be used to inform a training model on gender affirming practices for behavior analysts.

Small focus group sessions are intended to create an open, conversational space between participants and one lead researcher. Groups of approximately 8 BAs will meet to discuss their knowledge, curiosities, priorities, wants and needs surrounding concepts of gender.

If you are interested in participating, contact Jessica Flaherty at jflahe@uw.edu to talk about the process, answer your questions, and review the consent form.



Participants will receive:

- **\$50 gift card** following focus group attendance
- A summary of discussion themes once all data are analyzed

Details

- Location: Zoom
- Duration: 1 hour
- Dates: To be scheduled in October based on participant availability.

Are you eligible?

- Preservice Behavior Analysts:
 - Actively enrolled in a masters' program with the goal of becoming a BCBA.
- Early Behavior Analysts:
 - Earned your BCBA or other certification within the past 5 years (i.e., after 2020).
 - Actively practice or have practiced ABA with clients in the last 6 months.
- Experienced Behavior Analysts:
 - Earned your BCBA or other certification at least 10 years ago (i.e., prior to 2014).
 - Are professionally active, including teaching, supervising, and/or direct clinical services.

If you're interested in participating or want more information, call or email:

Jessica Flaherty, BCBA, LBA
Project Coordinator
jflahe@uw.edu
(318) 880-6480



APPENDIX B: STUDY 1 BRIEF SCREENING QUESTIONNAIRE

Key Information

We invite you to take part in a voluntary research study exploring how behavior analysts and master's students in applied behavior analysis understand, consider, and communicate about gender. We are interested in the implications concepts of gender have on our work, our learners, and our practice. Results from these conversations will be used to inform a training model on gender affirming practices for behavior analysts. As a participant, you will: complete a brief demographic questionnaire and attend a 1-hour focus group session on Zoom. While the study poses minimal risk, participating in a live online session means other attendees will see your participation.

Your involvement will contribute to valuable research that enhances training for behavior analysts. Additionally, participants will receive a \$50 gift card and a summary of the discussion themes once all data is analyzed. Participation is voluntary and you are free to withdraw at any time, for any reason.

This is a screening form to determine your eligibility for participation. It will take less than 5 minutes.

If you have further questions about your potential participation in this study, please contact Jessica Flaherty at jflahe@uw.edu.

What is your name? _____

What is your email address? _____

Proceed to next section

Are you a:

- Board Certified Behavior Analyst
- Behavior Analyst
- Master's student in Applied Behavior Analysis
- None of the above

If Board Certified Behavior Analyst or Behavior Analyst, proceed to "Participant Interest" section.

If Master's student, proceed to "Student Status" section.

If none of the above, proceed to "Thank you" section 1.

"Student Status" Section

Have you completed at least one quarter or semester of coursework in your ABA masters program?

- Yes
- No

If yes, proceed to “Participant Interest” section.
If no, proceed to” Thank you” section 1.

“Participant Interest” Section

Are you interested in and available to participate in a 1-hour online focus group about gender-affirming practices?

- Yes
- No

If yes, proceed to “Thank you” section 2.
If no, proceed to “Thank you” section 1.

Thank you section 1: Thank you for your interest in this research study. Unfortunately, you do not meet the eligibility criteria to be included in the study.

Thank you section 2: Thank you for your interest in this research. You will be contacted soon with more information about your participation in the study. If you have further questions, please contact Jessica Flaherty at jflahe@uw.edu. Please hit "submit" at the bottom of this page.

APPENDIX C: STUDY 1 DEMOGRAPHIC QUESTIONNAIRE

What is the study ID number provided to you via email? _____

What is your age? _____

What is your race/ethnicity?

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latinx
- Native Hawaiian/Pacific Islander
- White
- Other

What is your sex assigned at birth?

- Female
- Male
- Intersex
- Prefer not to say

What is your gender identity? _____

What pronouns do you use? _____

What state do you currently live in? _____

Are you currently a:

- Behavior Analyst
- Master's Student

If Behavior Analyst, proceed to BCBAs section.

If Master's student, proceed to Master's Student section.

BCBAs Section:

What college or university did you receive your Master's degree at? _____

What year did you receive your master's degree? _____

What degrees do you currently hold? _____

What licenses & certifications do you currently hold?

Are you currently certified by the Behavior Analyst Certification Board?

- Yes
- No

What is your current job title? _____

What services do you currently offer? _____

Currently, what percent of your work hours are spent providing supervision?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Currently, what percent of your work hours are spent delivering services?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Currently, what percent of your work hours are spent teaching?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Describe your level of experience and/or knowledge regarding gender-affirming practices.

Master's Student Section

What degree/s do you currently hold? _____

What degree are you currently working towards? _____

What licenses & certifications do you currently hold? _____

How many years have you provided ABA services as a technician? _____

What is your current job title? _____

Describe your level of experience and/or knowledge regarding gender-affirming practices.

APPENDIX D: FOCUS GROUP PROTOCOL & PROMPTS

Introduction:

- Thank you for being here with me today, I truly appreciate your help and insight.
- My name is Jessica Flaherty, I use she/they pronouns and identify as non-binary. I am a behavior analyst by trade and am currently in my 4rd year of the special education Doctoral program at the University of Washington. Feel free to ask more about me, but first, I have a few logistical things to mention...”
- Our session will last about an hour.
- Participation is voluntary. If there’s a question you don’t want to answer, you don’t have to; and you are free to leave at any time.
- Discussion is confidential. I would love for you all to feel free to respond to and engage in discussion with one another. But please remember that confidentiality here also relies on you. Please do not share anyone else’s personal information outside of this group. That includes names of people in attendance and any personal experiences that they share with us. Additionally, if you encounter anyone from this study in real life, you are welcome to say hello or interact, but you should not say anything aloud that would reveal their participation in this study.
- I will be audio-recording this discussion today. So, to help protect your confidentiality, when I transcribe the focus group, I will not include any information that identifies you. For example, the transcript will have your study ID number on it, rather than your name.

General introduction:

- Before we start our discussion, I want to review the purpose of this research study you are participating in today. I want to better understand how behavior analysts understand, consider, and communicate about gender. I’m interested in exploring the implications they have on our work and the implications that has on our continued education needs. I aim to use this conversation, and others like it, to build a training model on gender-affirming practices that directly addresses the knowledge, needs, and learning preferences of behavior analysts. Before I try to teach, I’d really like to listen. I know that conversations about gender can be intimidating, so I want to make sure you know that I am not looking for **right** answers, I’m looking for **your** answers. I want to hear about your thoughts, wonderings, and experiences, however big or small.
- Just to double-check, is it okay with you (all) that I audio-record the session today?
- Any questions before we start?
- *I’ll start the recorder now and closed captioning*, and I’ll say for the recorder [either]:
 - “This focus group is (with [Participant ID #s] [if known]) on [date].”
- There aren’t many of us, so feel free to keep your microphone unmuted so that it is easy to jump into the conversation. You are also welcome to stay muted until you’re speaking, just give us a little raised hand or signal to let us know to make some space for your comment.

Focus Group Questions/Prompts

1. Introduce yourself, your preferred pronouns, and some parts of yourself, or your identity, that are important to you. (cultural/ethnicity, sexual identity, disability, sexuality, religion etc.)

2. How do the issues of gender and sexuality fit into your practice?

3. How would you describe gender and sexuality?
 1. Where did you learn what you know about gender/sexuality?
 2. In what ways are expressions of gender identity reinforced and/or punished in our common social environments?

4. Think of a time when a client, caregiver, or coworker's gender identity and/or sexuality has affected an interaction with you. What was it?

5. What do you wish you knew about gender identity, sexuality, and identity development to prepare you to be a better BCBA?

6. We're just about to the end of our discussion. But before we end, I want to check with you to see if there's anything that I may have missed. Is there anything important that you think I should know and ask about? Please share with me any final thoughts you'd like to add.

APPENDIX E: STUDY 1 CONSENT FORM**University of Washington****Consent Form**

Research Project Title: Teaching Behavior Analysts to Transgress

Researcher:

Jessica Flaherty

College of Education

Jflahe@uw.edu

Researcher's Statement

I am inviting you to be in a research study. The purpose of this consent form is to give you the information you need to help decide whether or not to be a part of this study. Please read the form carefully. You may contact the researcher to ask questions about the purpose of the research, its requirements, the risks and benefits, and your rights as a volunteer. When your questions have been answered, you can decide whether you want to be in the study. This process is called "informed consent." You will be given a copy of this form for your records.

PURPOSE OF THE STUDY

The goal of any research study is to answer questions. I want to better understand how behavior analysts understand, consider, and communicate about gender. I'm interested in exploring the implications they have on our work and the implications that has on our continued education needs. I aim to use this conversation, and others like it, to build a training model on gender affirming practices that directly addresses the knowledge, needs, and learning preferences of behavior analysts.

STUDY PROCEDURES

This study will use a focus group design in which similar participants (i.e., preservice behavior analysts, BAs who have practiced for 5 years or less, and BAs who have practiced 10 years or more) will meet collectively on Zoom to engage in conversation with the researcher and each other for approximately one hour. Participation includes one group session attendance, which will be scheduled based on participant availability. Focus group conversation will center and explore participant's lived experiences, values, needs, triumphs, and the barriers they have faced in accessing affirming care. This involves collecting data through audio and transcript recordings.

The research team will analyze the data to collect themes and categories from the conversations. If participants choose, they may participate in a process called member checking, in which researchers share the data themes to ensure that participant experiences have been reported in an authentic manner. These data are confidential and will not be shared with anyone outside our research team.

The research team will ask you to complete a brief screening questionnaire and demographic information form before the start of the first session. These will be emailed to you to complete on a computer and include:

- Brief Screening Questionnaire (6 questions)
- Demographic Information (5 questions)

RISKS, STRESS, OR DISCOMFORT

The possible risks include potential discomfort from questions or topics presented in the focus group. Participants may skip any discussion prompt and may leave the session at any time. There is also a risk of stress or discomfort associated with technological difficulties using the Zoom platform for participation in this virtual collaboration format. The researchers have done everything possible to minimize the potential risks.

Due to the social nature of focus groups, many participants will interact with one another. There is a risk that your confidentiality or privacy could be breached. This would mean that someone other than the research team may find out that you were in the research. However, we will take every precaution to make sure that this does not happen.

There is a small potential for breach of confidentiality because no system of protection is completely secure. However, all efforts to protect your confidentiality will be made (please read section on Confidentiality of Research Information).

ALTERNATIVES TO TAKING PART IN THIS STUDY

There will be no negative outcomes for choosing to not participate in this study. Your decision not to participate will not change any existing relationships or opportunities with the University of Washington or Seattle Children's in any way.

WILL I BE PAID IF I JOIN THIS STUDY?

To thank you for taking part in the study, participants will receive a preloaded \$50 gift certificate following focus group session attendance. Participation only includes one focus group session.

BENEFITS OF THE STUDY

There may be no direct benefits to you as a result of participation. We hope to use information we get from this study to benefit others who work with, alongside, and/or experience gender and neurodiversity.

CONFIDENTIALITY OF RESEARCH INFORMATION

All data collected will be confidential. Zoom sessions will be audio recorded and will produce a transcript to be used for future data analysis. The transcripts and audio recordings will be used only for the research purposes outlined here. We will not plan to get rid of the recordings.

For data storage, all participants will be identified by a randomly assigned pseudonym and ID number. All questionnaires and transcripts will be identified by the same randomly assigned pseudonym. Pseudonyms, ID numbers, names, audio recordings, and transcripts will be stored on a password-protected document, on a password-protected computer. Future write-ups about the study will not contain your name. The key for the pseudonyms and ID numbers will be stored separately from the data and will be destroyed after data collection is complete. The data will be kept for seven years by the lead researcher.

The information that we obtain from you for this study might be used for future studies. If we remove anything that may identify you, this information could be used in future studies without getting additional permission from you. If we do not remove all identifiers, a review board will decide if we need additional permission from you.

All of the information you provide will be confidential. However, if anyone involved in the study learns that you intend to harm yourself or others, we must report that to the authorities.

Government or university staff sometimes review studies like this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

INFORMATION BANKING

If you would like to participate in the member checking process and/or be contacted by the research team regarding potential future follow up studies, your name and contact information will be stored separately from study data on a secure platform, such as OneDrive, only accessible to the research team.

OTHER INFORMATION

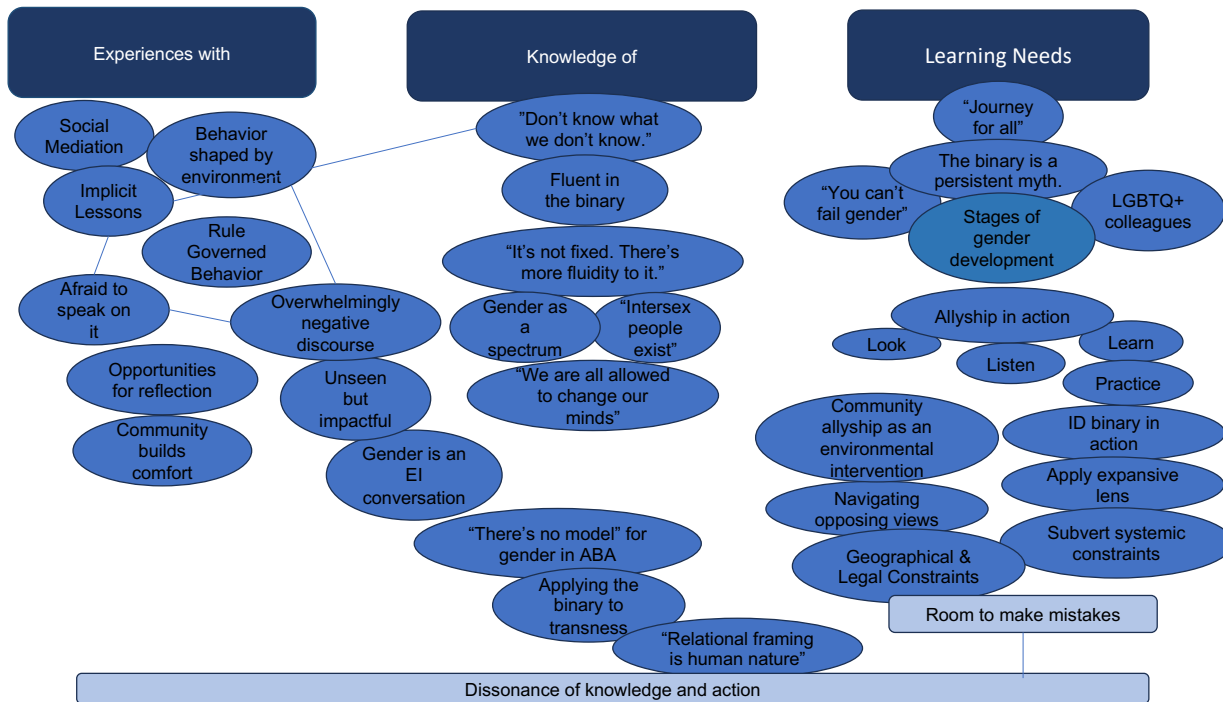
Participation is voluntary. You may choose to not participate and you are free to quit this study at any time.

Participant's statement:

This study has been explained to me. I volunteer myself to take part in this research. I have had a chance to ask questions. If I have questions later about the research or feel I have been harmed by the research, I can contact the researcher listed on the first page of this consent form. If I have questions about my rights as a research participant, I can contact the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

Copies to: Participant

APPENDIX F: THEMATIC CODE MAP



APPENDIX G: STUDY TWO BRIEF SCREENING QUESTIONNAIRE**Key Information**

We invite you to take part in a voluntary research study exploring the impact of a gender-affirming practice training for Behavior Analysts and master's students in behavior analysis. As a participant, you will: complete a brief demographic questionnaire and a pre-measure, attend a live, online 2-hour training on gender-affirming practices, and complete a post-measure after the training. While the study poses minimal risk, participating in a live online session means other attendees will see your participation.

Your involvement will contribute to valuable research that enhances training for behavior analysts. Additionally, BCBAs will earn 2 CEUs, and all participants will be entered for a chance to win one of ten \$50 gift cards. Participation is voluntary and you are free to withdraw at any time, for any reason.

This is a screening form to determine your eligibility for participation. It will take less than 5 minutes.

If you have further questions about your potential participation in this study, please contact Jessica Flaherty at jflahe@uw.edu.

What is your name? _____

What is your email address? _____

Proceed to next section

Are you a:

- Board Certified Behavior Analyst
- Behavior Analyst
- Master's student in Applied Behavior Analysis
- None of the above

If Board Certified Behavior Analyst or Behavior Analyst, proceed to "Participant Interest" section.

If Master's student, proceed to "Student Status" section.

If none of the above, proceed to "Thank you" section 1.

"Student Status" Section

Have you completed at least one quarter or semester of coursework in your ABA masters program?

- Yes
- No

If yes, proceed to "Participant Interest" section.

If no, proceed to "Thank you" section 1.

“Participant Interest” Section

Are you interested in and available to participate in a 2-hour online training about gender-affirming practices on April 12th, 9:00-11:00 PST?

- Yes
- No

If yes, proceed to “Thank you” section 2.

If no, proceed to “Thank you” section 1.

Thank you section 1: Thank you for your interest in this research study. Unfortunately, you do not meet the eligibility criteria to be included in the study.

Thank you section 2: Thank you for your interest in this research. You will be contacted soon with more information about your participation in the study. If you have further questions, please contact Jessica Flaherty at jflahe@uw.edu. Please hit "submit" at the bottom of this page.

APPENDIX H: STUDY TWO PARTICIPANT DEMOGRAPHIC INFORMATION

Participant	Certification	Years Certified	Age	Sex Assigned at Birth	Gender ID	Ethnicity	Geography	Prior Training	
Master's Students	1	RBT	3	25	F	F	Black/White	WA	No
	2	RBT	1.5	31	F	F	Asian	WA	No
	3	RBT	1.5	29	F	F	Hispanic/Latinx	WA	No
	4	RBT	.5	32	F	F	White	MO	No
	5	RBT	2	33	F	F	White	WA	No
	6	BCaBA	5	30	M	M	White	WA	Yes
	7	RBT	2	24	F	F	White	WA	No
	8	RBT	1.5	22	F	F	Asian	WA	No
	9	RBT	1.5	25	M	M	Black	WA	No
	10	RBT	2	25	M	M	Black	WA	No
	11	RBT	2.5	25	M	M	Black	WA	No
Behavior Analysts	12	BCBA	12	34	F	F	White	WA	Yes
	13	BCBA	7	34	F	F	Asian	WA	No
	14	BCBA	14	36	F	F	White	WA	No
	15	BCBA	10	51	F	F	White	WA	No
	16	BCBA	5	50	F	F	Asian	WA	No
	17	BCBA	13	34	F	F	White	KS	No
	18	BCBA	6	27	F	F	White	FL	No
	19	BCBA	13	31	F	F	Hispanic/Latinx	WA	No
	20	BCBA	25	45	F	F	White	WA	Yes
	21	BCBA	10	32	F	F	White	WA	Yes
	22	BCBA	10	34	F	F	Asian	WA	Yes
	23	BCBA	11	32	F	F	White	WA	Yes

Participant	Certification	Years Certified	Age	Sex Assigned at Birth	Gender ID	Ethnicity	Geography	Prior Training
24	BCBA	8	39	F	F	White	WA	No
25	BCBA	9	29	F	F	White	WA	No
26	BCBA	3	31	F	F	White	WA	No
27	BCBA	13	36	F	F	White	WA	No
28	BCBA	2	54	F	F	White/Other	WA	No
29	BCBA	6	30	F	F	White	WA	No
30	BCBA	7	25	F	F	White	WA	No
31	BCBA	6	29	F	F	White	WA	No
32	BCBA	4	28	F	F	Asian	WA	No
33	BCBA	26	48	F	F	White	MI	No
34	BCBA	13	33	F	Nonbinary	White	WA	No
35	BCBA	7	37	F	Gender Queer	White	WA	Yes
36	BCBA	4	24	M	M	White	MA	No
37	BCBA	21	42	F	F	Asian/Indian	WA	No
38*	BCBA	1	27	F	F	Asian	WA	Yes

Note. *Participant 38 is only included in the confidence check and fidelity survey, not the knowledge check, due to a technical error that caused the post-data to not be collected.

APPENDIX I: STUDY TWO DEMOGRAPHIC QUESTIONNAIRE

What is the study ID number provided to you via email? _____

What is your age? _____

What is your race/ethnicity?

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latinx
- Native Hawaiian/Pacific Islander
- White
- Other

What is your sex assigned at birth?

- Female
- Male
- Intersex
- Prefer not to say

What is your gender identity? _____

What pronouns do you use? _____

What state do you currently live in? _____

Are you currently a:

- Behavior Analyst
- Master's Student

If Behavior Analyst, proceed to BCBAs section.

If Master's student, proceed to Master's Student section.

BCBAs Section:

What college or university did you receive your Master's degree at? _____

What year did you receive your master's degree? _____

What degrees do you currently hold? _____

What licenses & certifications do you currently hold?

Are you currently certified by the Behavior Analyst Certification Board?

- Yes
- No

If so, and you would like to receive CEUs for this training, what is your certification number? _____

What is your current job title? _____

What setting/s do you currently work in? (i.e., clinic, school, higher education, etc.) _____

What services do you currently offer? _____

What age groups do you primarily provide services to?

- Toddlers
- Preschoolers
- School-aged
- Teens
- College-aged
- Adults

Currently, what percent of your work hours are spent providing supervision?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Currently, what percent of your work hours are spent delivering services?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Currently, what percent of your work hours are spent teaching?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Have you had previous training related to gender-affirming care and/or practices?

- Yes
- No

Describe your level of knowledge regarding gender-affirming practices.

Novice 1 2 3 4 5 Expert

Master's Student Section

What degree/s do you currently hold? _____

What degree are you currently working towards? _____

What licenses & certifications do you currently hold? _____

How many years have you provided ABA services as a technician? _____

What is your current job title? _____

What setting/s do you currently work in? (i.e., clinic, school, higher education, etc.) _____

What age groups do you primarily provide services to?

- Toddlers
- Preschoolers
- School-aged
- Teens
- College-aged
- Adults

Have you had previous training related to gender-affirming care and/or practices?

- Yes
- No

Describe your level of knowledge regarding gender-affirming practices.

Novice 1 2 3 4 5 Expert

APPENDIX J: STUDY TWO PRE- AND POST-MEASURE

Scale One: Knowledge Assessment

This assessment is designed to measure your knowledge of gender-affirming practices before and after completing the training. Your responses will not impact your participation in the study or your eligibility to receive any associated incentives. If you are unsure of an answer, please select the 'I don't know' option. We kindly ask that you answer only questions you feel confident about and avoid guessing. Thank you for your participation!

Sex and gender:

- are synonyms
- **differ from each other**
- are opposites
- none of the above
- I don't know

How dependent are gender roles upon cultural influence?

- not at all
- slightly
- somewhat
- **Very**
- I don't know

Do all transgender people experience gender dysphoria?

- Yes
- **No**
- I don't know

Gender could be defined as:

- Categories distinguished by biological characteristics
- **A term that encompasses socially constructed characteristics associated with men and women.**
- The categories (male and female) into which humans and most other living things are divided on the basis of their reproductive functions.
- All of the above
- None of the above
- I don't know

Is gender able to change over time?

- **Yes**
- No
- I don't know

Transgender could be defined as:

- a term used to describe a person who possesses physical characteristics of both male and female.
- referring to a person who has undergone gender reassignment surgery.
- **A term used to describe people whose gender identity does not conform to the typical expectations for their birth sex.**
- All of the above
- None of the above
- I do not know.

What is the process of learning to act as a boy or a girl?

- Biological determinism
- **Gender socialization**
- Sex socialization
- None of the above
- I don't know

A person's understanding of themselves as male, female, or trans is (select all that apply):

- **gender identity**
- Sexual orientation
- Fixed at birth
- **Flexible and subject to change**
- None of the above
- I don't know

Are puberty blockers irreversible?

- Yes
- **No**
- Sometimes
- I don't know

Men are strong. Women are graceful. These are examples of:

- Biological aspects
- **Socially constructed gender roles**
- Physical attributes
- All of the above
- None of the above
- I don't know

Are gender norms associated with and constructed by men and women's physical differences?

- Yes
- **No**
- I don't know.

Are neurodivergent people more likely to be gender-divergent than their neurotypical peers?

- **Yes**
- No
- I don't know

Which of the following facets are included in gender-affirming care? (select all that apply)

- **Social**
- **Medical**
- **Surgical**
- **Legal**
- None of the above
- I don't know

Is transgender is defined as a mental illness?

- Yes
- **No**
- I don't know.

Gender socialization begins when a person is:

- **an infant**
- a toddler
- a child
- a teen
- an adult
- I don't know

Medical aspects of gender affirming care may begin:

- As soon as the person expresses a desire/need.
- After 3 months of consistency and persistence.
- **After 6 months of consistency and persistence.**
- After 9 months of consistency and persistence.
- Once a person has completed puberty.
- Any time after a person turns 18 years old.
- I don't know.

The gender binary is embedded into several common assessments and learning targets associated with applied behavior analysis.

- **True**
- False
- I don't know.

Can a cisgender person be gender non-conforming?

- **Yes**
- No
- I don't know.

Who benefits from gender affirming care?

- Cisgender people
- Transgender people
- **Everyone**
- I don't know.

Children's thoughts about gender are most rigid at what age?

- Infancy
- 18 – 24 months
- 3 – 4 years
- **5 – 6 years**
- 7 – 8 years
- It varies
- I don't know.

At what age do children form associations between male/female faces and gender-typed objects?

- **Infancy**
- 18 – 24 months
- 3 – 4 years
- 5 – 6 years
- 7 – 8 years
- It varies
- I don't know.

At what age do children start to define gender for themselves and others?

- Infancy
- **18 – 24 months**
- 3 – 4 years
- 5 – 6 years
- 7 – 8 years
- It varies
- I don't know.

At what age do children begin to avoid or chastise others who defy gender norms?

- Infancy
- 18 – 24 months
- **3 – 4 years**
- 5 – 6 years
- 7 – 8 years
- It varies
- I don't know.

Scale Two: Confidence Assessment

Directions: The following questions will ask about your knowledge, experience with, and confidence in implementing behavior management strategies. Each question will ask you to choose the best response on a scale of 1-5.

I feel prepared to teach students who are gender-divergent.

Strongly Disagree 1 2 3 4 5 Strongly Agree

I would rate my overall knowledge of gender-affirming practices at a:

A little Knowledge 1 2 3 4 5 A lot of knowledge

I would rate my overall confidence in implementing gender-affirming practices at a:

Not at all confident 1 2 3 4 5 Very confident

APPENDIX K: SOCIAL VALIDITY QUESTIONNAIRE

Acceptability:

1. I am satisfied with the content covered in this training.
Unsatisfied 1 2 3 4 5 Very Satisfied
2. These strategies can be used with any student, parent, or colleague regardless of their gender identity.
Strongly Disagree 1 2 3 4 5 Strongly Agree
3. This training helped me learn about supporting gender non-conforming students.
Strongly Disagree 1 2 3 4 5 Strongly Agree
4. I look forward to applying the strategies I learned in this training to my own practice.
Strongly Disagree 1 2 3 4 5 Strongly Agree
5. The length of the training was appropriate for the content being taught.
Strongly Disagree 1 2 3 4 5 Strongly Agree

Feasibility:

1. The information presented in the training was easy to understand.
Strongly Disagree 1 2 3 4 5 Strongly Agree
2. The materials were clearly organized.
Strongly Disagree 1 2 3 4 5 Strongly Agree
3. The materials will be useful in my future application of affirming practices.
Strongly Disagree 1 2 3 4 5 Strongly Agree
4. The format of this training was suitable for the content and learning process.
Strongly Disagree 1 2 3 4 5 Strongly Agree

Effectiveness:

1. The information in the training will be effective at increasing my use of gender-affirming practices.
Strongly Disagree 1 2 3 4 5 Strongly Agree
2. The strategies I learned in this training will help increase the inclusivity of my practice.
Strongly Disagree 1 2 3 4 5 Strongly Agree
3. My knowledge about gender increased as a result of this online training.
Strongly Disagree 1 2 3 4 5 Strongly Agree

4. My confidence in implementing gender-affirming practices increased as a result of this online training.

Strongly Disagree 1 2 3 4 5 Strongly Agree

5. Would you like to say anything else about the acceptability, feasibility, and/or effectiveness of the training?

APPENDIX L: STUDY TWO RECRUITMENT FLIER

A Behavior Analyst's Guide to Gender-Affirming Practice

Want to learn more about gender-affirming care?

Inclusive, affirming practices benefit everyone we interact with - our clients, their families, our colleagues, and even ourselves. As our world evolves, so should our practice.

We've designed a **gender-affirming practice training** specifically for behavior analysts, covering:

- Expansive views of gender
- Stages of gender development
- Actionable strategies that directly relate to our work.

We need your help testing it out!

Who Can Join?

If you are a Behavior Analyst or a master's student studying behavior analysis, we invite you to participate.

What's Involved:

- Attend a 2-hour online training via zoom
- Complete a brief pre- and post-training knowledge check

What You'll Receive:

- A chance to win one of ten **\$50 gift cards**
- **2 Ethics CEUs** (for BCBAs)

Details:

- Date & Time: April 12th, 9:00-11:00 (Pacific Time)
- Location: Zoom
- Duration: 2 hours

University of Washington Institutional Review Board
IRB # MOD00021660
Approved February 27, 2025



If you're interested or want more information, contact:

Jessica Flaherty, BCBA, LBA
Project Coordinator
jflahe@uw.edu
(318)-880-6480

To participate, follow [this link](#) to the screening questionnaire:



UNIVERSITY of WASHINGTON

APPENDIX M: STUDY TWO CONSENT FORM

Key Information

We invite you to take part in a voluntary research study exploring the impact of a gender-affirming practice training for Behavior Analysts and master's students in behavior analysis. As a participant, you will: complete a brief demographic questionnaire and a pre-measure, attend a live, online 2-hour training on gender-affirming practices, and complete a post-measure after the training. While the study poses minimal risk, participating in a live online session means other attendees will see your participation. Your involvement will contribute to valuable research that enhances training for behavior analysts. Additionally, BCBAs will earn 2 CEUs, and all participants will be entered for a chance to win one of ten \$50 gift cards. Participation is voluntary and you are free to withdraw at any time, for any reason. If you have further questions about your potential participation in this study, please contact Jessica Flaherty at jflahe@uw.edu.

Dear potential participant,

My name is Jessica Flaherty, and I am a doctoral student in the department of Special Education at the University of Washington. The purpose of this study is to determine the effects of an online gender-affirming practice training for behavior analysts (BA) and to understand the BAs' perceived acceptability, feasibility, and effectiveness of the training. By understanding the effectiveness of the training, and the BAs' perceived acceptability, feasibility, and effectiveness of the training, we will be able to tailor future trainings to the needs of BAs in the future.

Your participation in the research project is completely voluntary, and you may withdraw your participation at any time. Your participation will include the following parts:

1. **Demographic questionnaire:** Immediately following your consent, you will be asked to complete a demographic questionnaire. The information will provide background information about you and will help us to better understand the population of behavior analysts participating in the training. It will take approximately 10 minutes to complete.
2. **Pre-assessment:** At the completion of the demographic questionnaire, you will complete a pre-assessment. The pre-assessment will help us understand what information you already know related to gender-affirming practice. It will take approximately 15 minutes to complete the pre-assessment.
3. **Online training:** You will attend a 2-hour online training, which will be held on Zoom, April 12th from 9:00-11:00 Pacific Standard Time.
4. **Post-assessment:** Following the completion of the online training, the post-assessment will be administered. It will take approximately 15 minutes to complete the post-assessment.
5. **Post-training questionnaire:** After you complete the online training, you will be asked to complete the post-training questionnaire. This questionnaire will include questions about the acceptability, feasibility, and effectiveness of the online training. This will be an

opportunity for you to provide feedback regarding your impressions of the training. It will take approximately 10 minutes to complete.

Risk and Benefits

The risks associated with participating in this study are low; however, online group training cannot be completely anonymous, and participants may experience emotional distress if fellow participants share any confidential information expressed in the study activities. Participants will be regularly reminded that all individual participation and information from the study are to remain confidential and are not to be shared outside of the study. You may withdraw your participation at any time. The benefit to participating is that you will help to enhance future training opportunities for behavior analysts.

Confidentiality

All information shared with the researchers will be kept strictly confidential. Any information that has your name or other identifying information will be de-identified and replaced with a numerical code. All measures will be kept in a password-protected, secured location for five years and then will be destroyed. Information that is reported in study-related reports will not include identifiable information and will not be able to be traced back to you. The researchers involved in this study are the only individuals who have access to your information, so there is minimal risk to you as a participant. De-identified information will be used in reports and presentations that could be disseminated in field-related journal articles and presentations. You may refuse to participate or discontinue your participation at any time during the project without penalty to you.

Incentive

As a sign of appreciation for your participation in the research project, you will be entered into a chance to win one of ten total \$50 gift cards after all study activities. BCBA participants will be eligible to receive 2 ethics CEUs.

Contact Information

If you have further questions or concerns about this project, please contact Jessica Flaherty (jflahe@uw.edu). If you have any questions about your rights as a participant in a research study, or any concerns or complaints about the process, you may contact the University of Washington Human Subjects Division at 206-543-0098 or via email at hsdinfo@uw.edu. If you wish to proceed with participation in this research study, please complete the demographic questionnaire provided to you in this email.

Jessica Flaherty, Ph.C., BCBA, LBA
jflahe@uw.edu

Department of Special Education, College of Education, University of Washington

APPENDIX N: TRAINING POWERPOINT SLIDES

Gender is Behavior: A behavior analysts' guide to gender-affirming practice.

Jessica Flaherty, M.Ed., Ph.C., BCBA, LBA
jflahe@uw.edu

UNIVERSITY of WASHINGTON
HARING CENTER
FOR INCLUSIVE EDUCATION



Hi, I'm Jessica!

(she/they)

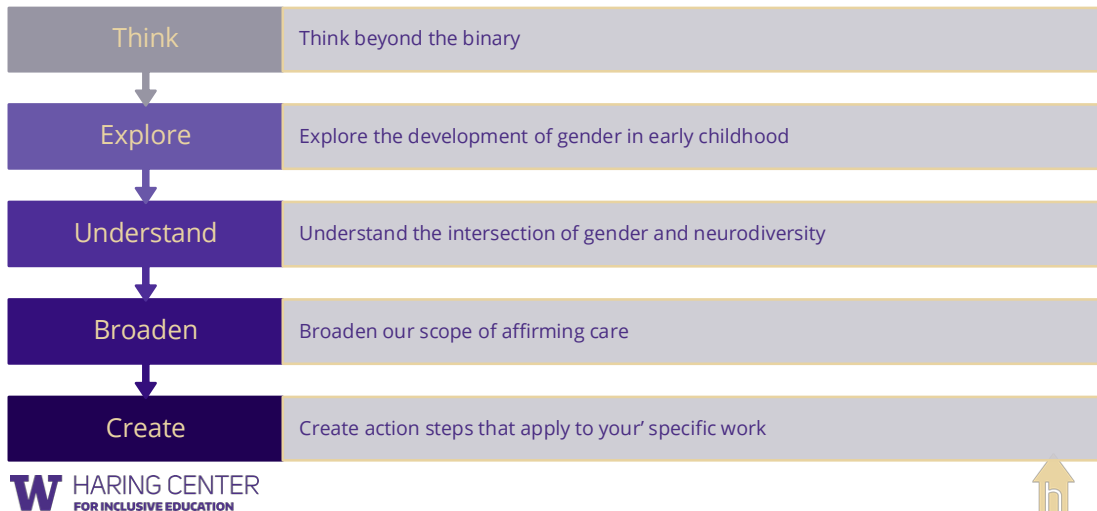


- > M.Ed. in Special Education, Board Certified Behavior Analyst (BCBA), & Ph.D. Candidate at the University of Washington
- > Research Assistant at the Haring Center and practicum supervisor in the Applied Behavior Analysis (ABA) graduate program
- > Research Focus: Inclusive, affirming-practice.
- > Prior experience: BCBA at early intervention center in New Orleans, Louisiana, providing services in the clinic, home, and school setting

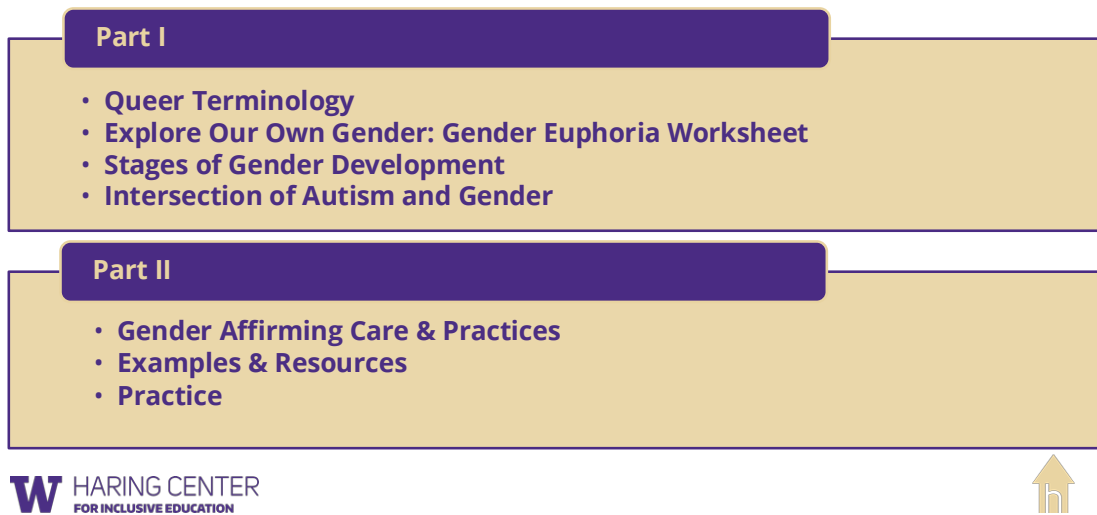
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Objectives



Agenda



Expanding Possibilities

The **Gender Binary** rests on the notion that only two genders exist as solidly fixed, biologically based, and attached to expectations for behavior, appearance, and feelings.

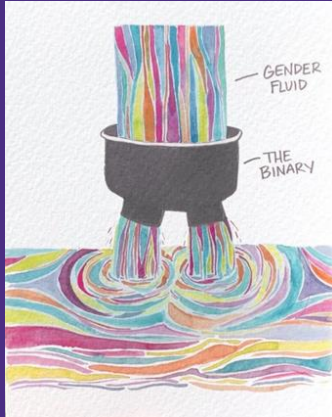
A **Gender-Expansive** view conveys a wider, more flexible range of gender identity and/or expression.



The Familiar Binary Frame

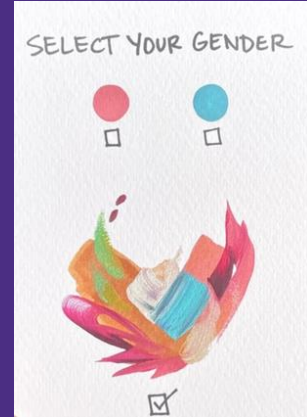


Outside the Binary



We break barriers
 We build bridges
 We open the possibility
 of authenticity for everyone

From: Being Trans is Beautiful by Keath Silva

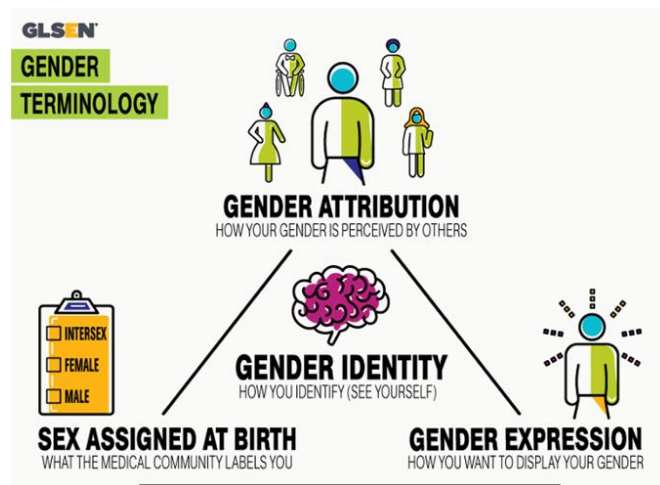


Terminology

Cisgender, or cis, refers to a person whose gender identity and gender expression match up with what their culture expects from their sex assigned at birth.

Transgender, or trans, is an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.

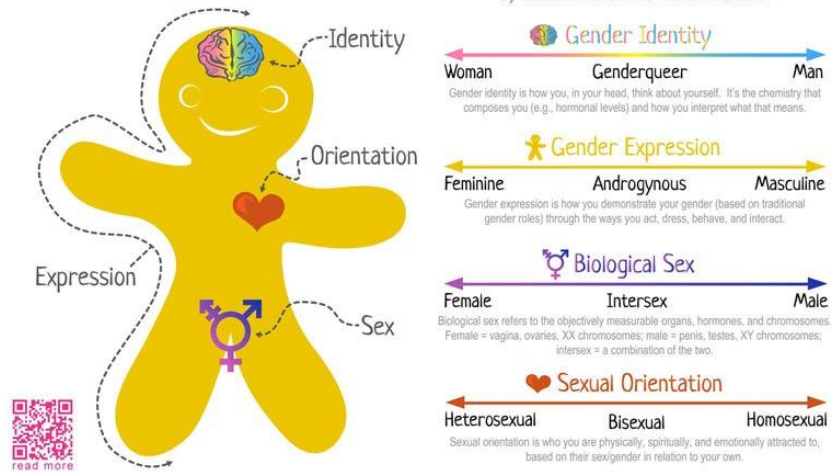
- Being trans does not imply a specific sexual orientation



The Spectrum of it all

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Terminology

GENDER IDENTITY	A person's internal, deeply held knowledge of their own gender. Everyone has a gender identity.
GENDER EXPRESSION	External manifestations of gender, expressed through name, pronouns, clothing, haircut, voice, and/or behavior. Societies classify these external cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture.
SEX ASSIGNED AT BIRTH	Infants are assigned a sex at birth, "male" or "female," based on the appearance of their external anatomy. However, the development of the human body is a complex process, and sex is not solely determined by anatomy, nor is it strictly binary.
INTERSEX	Someone born with male, female, or non-gender-specific genitalia. May identify as any gender.
CISGENDER (CIS)	Refers to a person whose gender identity and gender expression match up with what their culture expects from their sex assigned at birth.
TRANSGENDER (TRANS)	An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.



(GLADD., 2024)
 (Out & Equal Org., 2019)



Gender Euphoria

the joy, elation, relief, or comfort when a person's gender feels affirmed by themselves or by others

Anyone can experience it.

You've probably felt gender euphoria but didn't know it at the time!

- getting correctly gendered by a stranger
- joy at seeing your reflection in a mirror
- comfort in being in a same-gender space



TransFamilies: Gender Euphoria Activity

- > Gender exploration worksheet for anyone who wants to better understand gender euphoria, trans/non-binary people, and how they express an experience **their own** gender
- > Individual Activity
 - Prompts on following slides
 - Worksheet also available in resource folder

TransFamilies

Understanding Gender Euphoria

a worksheet for everyone

This worksheet is for anyone who wants to better understand gender euphoria, trans/nonbinary people, and how they express and experience their own gender.

GENDER IDENTITY

Gender identity (or "gender") is one's internal understanding as male, female, a blend of both, or neither.

Consider your own gender. Do you identify as male? Female? Something else?

Think of a childhood memory of doing something stereotypically male or female (whether it matched your gender or not). How did others react? How did you feel?



TransFamilies: Gender Euphoria Worksheet

Gender Identity

- Consider your own gender. Do you identify as male? Female? Something else?
- Think of a childhood memory of doing something stereotypically male or female (whether it matched your gender or not).
 - How did others react?
 - How did you feel?



TransFamilies: Gender Euphoria Worksheet

Gender Expression

- List a few ways that you enjoy expressing your gender such as:
 - clothes and hairstyles
 - your mannerisms
 - other aspects of who you are



TransFamilies: Gender Euphoria Worksheet

Think about a time you embodied a few of the characteristics on your list and felt like yourself.

- What happened?
- How did it feel?

Consider what you can do to explore your own gender euphoria:

- Examples:
 - Trying a new nickname for your coffee order
 - Playing a different gender character in a game
 - Trying out new hairstyles



Share Out

[NPR: How to Explore your Gender Identity as an Adult](#)

*AS I PONDERED A PRONOUN CHANGE,
I BEGAN TO THINK OF GENDER LESS AS
A SCALE AND MORE AS A LANDSCAPE.*

*Some people are born in the mountains,
while others are born by the sea. Some
people are happy to live in the place they
were born, while others must make a
journey to reach the climate
in which they can
flourish and grow.*



*Between the ocean
and the mountains
is a wild
forest.*

*That is where I
want to make
my home.*

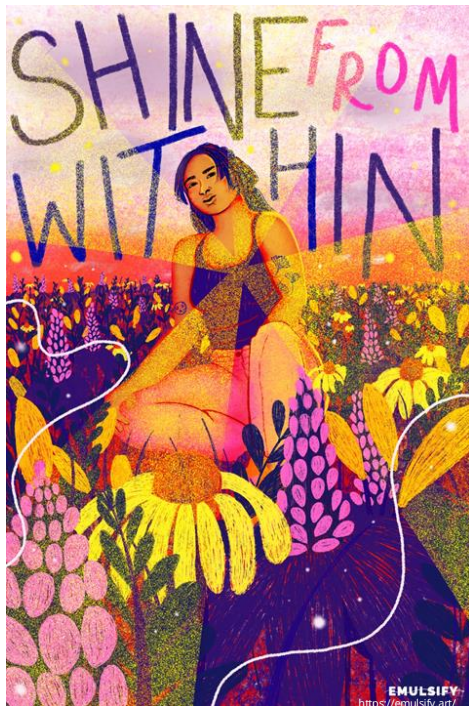


excerpt from *GENDER QUEER: A MEMOIR* by Maia Kobabe

Gender Euphoria Video



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“There’s a line I’ve heard from multiple trans people about the **double bind of age** and the acceptable trans narrative:

to get access to treatment as an adult, you have to have known you were trans **since early childhood.**

But if you say that you’re trans in early childhood, you’re told that you’re too young to know.”

C.N. Lester
(Trans Like Me, 2015)



Behavior Analysts as Affirming-Practitioners

The principles in the ethics code for BAs encourage us to strive to:

- benefit people
- treat people with compassion, dignity, and respect
- behave with integrity
- ensure our competence

The paradigm shift from pathology to neurodiversity. (Mathur et al., 2024)

- Questioning concepts of "normal."

We know about the stages of development and the pivotal role of observational learning. If we understand gender as behavior, we can understand how and when it comes to be.



Gender Development in Early Childhood

Infancy

- Babies can distinguish faces and voices by gender.
- They can form associations between male/female faces and gender-typed objects.

18-24 Months

- Toddlers start to define gender for themselves and others and notice patterns in group identities
- They can sort objects into gender categories.

Ages 3-4

- Children develop strong ideas about "boy" and "girl" characteristics and behaviors.
- They may avoid or chastise others who cross the gender divide.

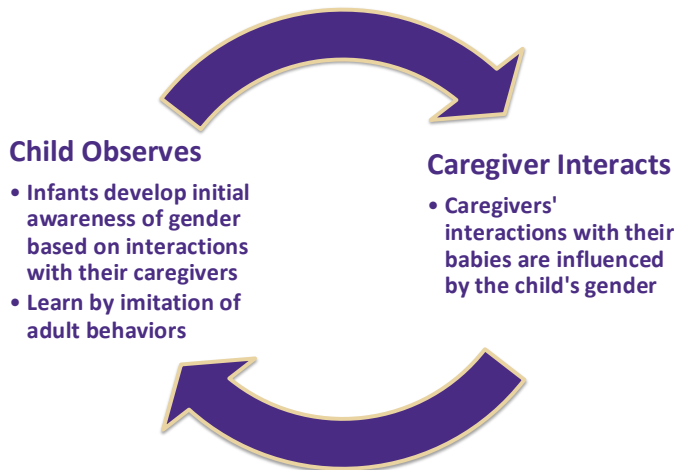
Ages 5-6

- Children's thinking about gender is at the most "rigid" point in development.
- Their ideas about gender are scripted, and gender roles are strictly defined and adhered to.

[Healthy Gender Development and Young Children, University of Washington]



Infants are Observers



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Infants begin to:

- Discriminate between male and female faces and voices.
- Categorize individuals by gender.
- Form stereotypic associations between faces of men and women and gender-typed objects (e.g., a hammer, a purse)

Toddlers are Categorizers

- Develop an awareness of their own “self” at roughly 18 months.
- Seek information about what things mean and how they should behave ([Baldwin & Moses 1996](#)).
- Use discrimination skills to begin gender stereotyping, or *overgeneralizing the attitudes, traits, or behavior patterns of women or men*. (i.e., boys and men are “tough and brave” while girls are “nice and nurturing.”)
- Understand gender as a means to group themselves
- Understand how they feel about their gender (i.e., I am happy I am a girl).

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Toddlers begin to:

- Identify their own gender.
- Understand the physical differences between boys and girls.
- Pay more attention to same-gender role models.
- Show gender-based behavior such as selecting certain toys or playing with same-gendered peers.

3-4 Year Olds are Inquirers

Inquiry and Inquisition

- Ask a lot of “why” and “what” questions
- Identify rules and expect others to follow them
- Construct a belief system of gender stereotypes reinforced by cultural norms

Pretend Play & Learning Social Roles

- Explore, practice, and understand social roles through play
- Plan play by identifying roles needed and how each person should behave
- Gender expectations impact rules and roles in play



3-4 Year Olds Begin to:

- Label their own gender & believe it will persist into adulthood.
- Express their gender strongly.
- Engage in gender-segregated play.
- Avoid or chastise others who “cross” the gender divide.



5-6 Year Olds are Gender Police

- As children become increasingly aware of gender rules and the pressure to comply with them, their thinking about gender becomes more rigid.
 - They know the rules but are not yet able to think deeply about the beliefs and values they are based on.
- Their ideas about gender are scripted, and gender roles are strictly defined and adhered to.
 - Even when exceptions to the rules are acknowledged, perceptions regarding gender persist.



5-6 Year Olds Begin to:

- Spend the majority of their playtime with members of the same gender.
- Assign pretend play roles based on gender.
- Phrases like “only girls play with dolls” become common.



7-8 Year Olds are Explorers

- Children begin to gain a sense of gender as something that is consistent but separate from expression.
- They become less attached to rules and may begin to challenge stereotypes, allowing for a broader self-expression.
- Their interests and attitudes towards clothing and hairstyles begin to change and expand.
 - For example, the boy who once insisted that only boys like blue and only wanted to wear blue may just as adamantly declare that he hates blue and will now only wear yellow and green.

Some children’s gender identity remains stable over their lives, while others may alternate between identifying themselves as “boy” or “girl,” or even assume other gender identities at different times (sometimes even on the same day).

This is normal and healthy.



When is gender fully established?

It varies!

"Gender identity for some children may be **fairly firm** when they are **as young as two or three years old.**" (American Academy of Pediatrics, 2015)



I am Willa everywhere



Think About It:

When & where did you learn what you know about gender?

How did you learn what was expected of you based on your gender?

In what ways did that help you navigate life?

In what ways did it limit your possibilities?

At the Intersection of Neurodivergent

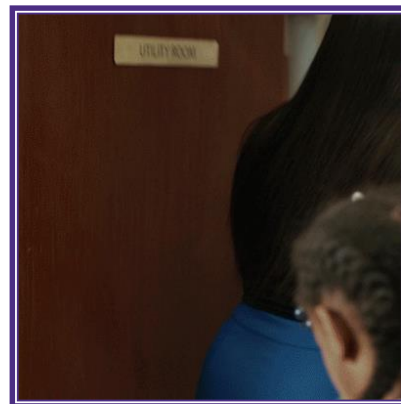
- > People with autism report more fluid sexuality and gender identities than people who identify as neurotypical (Walsh et al. 2018, Strange, 2018).

Gender expansive people are **3 to 6X as likely** to have autism than cisgender people (Warrier et al. 2020).

Executive functioning, communication, and social barriers **often stand between people with these intersectional identities and access** to beneficial, affirming services (Strang 2018).

Break Time!

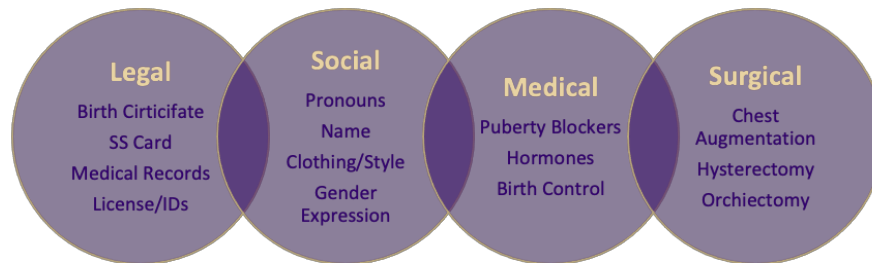
- Take a 5 minute break to chill like Mr. Johnson
- When we return, we will explore affirming care and actionable practices.



What is Gender Affirming Care?

A supportive form of healthcare defined as encompassing a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual's gender identity. Interventions fall on a continuum:

Cisgender individuals receive gender affirming care every day but often fail to identify it as such. (ex. cosmetic surgeries, hormone therapy, nutritional support, skin and hair care, etc.)



Access to Gender-Affirming Care

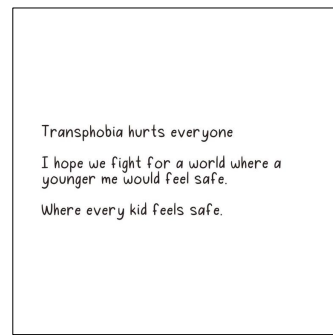
Does:

- Increase the quality of life and build self-esteem in all populations.
- Yield lower rates of adverse mental health outcomes (Wagner et al, 2019).
- Allow early learners to focus on social transitions while increasing their confidence in navigating the healthcare system.
- Look for **persistence**, **insistent**, and **consistency** across a 6-month time span.

Does Not:

- Cause or influence an individual to be trans.
- Include quick, easy access to irreversible measures.
- Provide children sole power regarding life-altering decisions.
- Have a high regret rate (i.e., 1-3%).





Trans Rights are Human Rights and Human Rights are Trans Rights

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How can we be more affirming today?

INSTEAD OF	TRY...	RATIONALE
<p>Making assumptions about or letting discomfort get in the way of asking about pronouns....</p> <p>Ex: "Nice to meet you! My name is Jessica. I use she/they pronouns." "A new student is coming today. Where should they sit and who wants to say hello to them when they get here?"</p>	<p>Stating your own pronouns Default to neutral pronouns (they/them)</p>	<p>This signals your LGBTQ+ allyship early on and provides an organic opportunity for others to share their identity.</p>
<p>Implying someone's birth name is their "real" name...</p> <p>Ex: Waiting for the first day of school to put students' names on desks so that they can write and decorate it how they'd like. Use this to update your class roster.</p>	<p>Using and respecting the name someone gives you.</p>	<p>Our names show up in our daily interactions with the world. Having ownership of our name is important to our autonomy.</p>
<p>Questioning the validity of a learner's statements due to age, ability, etc.</p> <p>Ex: Using students' identified name/pronouns/gender identity throughout education plans. Reference legal name/sex assigned at birth when documentation requires.</p>	<p>Assuming that the learner is the expert on their experiences, wants, and needs.</p>	<p>We don't know anyone better than we know ourselves. Trusting our students' words allows them to trust us with their needs.</p>

How can we be more affirming today?

INSTEAD OF	TRY...	RATIONALE
<p>Dwelling on mistakes you might make while providing care to trans people...</p> <p>Ex: "Dax said <i>she</i> wants... sorry, Dax said <i>he</i> is available to lead the art lesson."</p>	<p>Acknowledge your error, apologizing, and moving on with the encounter.</p>	<p>Mistakes happen but a lengthy apology may alienate your students more. The best course is to apologize and get back to the conversation</p>
<p>Ignoring the mistakes of others...</p> <p>Ex: "Dax said <i>she</i> is available to lead the art lesson." "Dax uses <i>he/him</i> pronouns. I'd love to help <i>him</i> with the art lesson!"</p>	<p>Quickly and kindly correcting them in the presence or absence of the student.</p>	<p>Advocating for students' shows respect, shares the responsibility, aids in creating a safe space, and provides a model for self-advocating.</p>
<p>Using assessments and curricula that rely on binary gender...</p> <p>Ex: using curricula that centers a wide range of identities; defaulting to they/them pronouns for characters who have yet to disclose pronouns; Rejecting curricula that teach pronouns based on physical discrimination</p>	<p>Use assessments and materials that recognize gender expansive individuals</p>	<p>Assessments/curricula that require students be labeled as either male or female cannot provide valid, authentic representations of trans students.</p>

Turning "ally" into a Verb

INSTEAD OF	TRY...	RATIONALE
<p>Letting your words/actions serve as your primary form of trans allyship...</p> <p>Forms:</p> <ul style="list-style-type: none"> - documentation requiring personal information recognize sex & gender separately and include gender expansive identities - Education plans & associated reports use students' chosen name/pronouns throughout <p>Materials:</p> <ul style="list-style-type: none"> - marketing, curricula, and classroom represent and affirm LGBTQ+ people - websites and mission statements clearly center and prioritize LGBTQ+ rights, safety, and value <p>Language:</p> <ul style="list-style-type: none"> - addressing the class as scholars, students, folks, etc. instead of "boys and girls," - defaulting to neutral pronouns for new students, co-workers, book characters, etc. <p>Spaces:</p> <ul style="list-style-type: none"> - Involving students in classroom decoration, activity planning, and lesson content at the start of each year - peer groups formed by interest, not sex/gender - gender neutral bathrooms equally accessible as M/F 	<p>Using the physical environment to reinforce your trans affirming care.</p>	<p>Your physical atmosphere is an extension of your practice. Adding trans flags and LGBTQ+ representation to your walls, pamphlets, and websites can signal inclusivity, allyship, and safety.</p> <p>When our forms, materials, language, and spaces clearly include and value gender expansive people, we can better see and celebrate our students for who they truly are.</p>

Learning Takes Practice



Check-In With Yourself Regularly

Adapted from Leland & Stockwell's (2019) Self-Assessment Tool for Cultivating Affirming Practices

Y/N	I operate in the best interests of my client, with reliance on scientific knowledge regarding best health and happiness outcomes for gender diverse clients and seek appropriate consultation and training, when working with gender-diverse learners.
Y/N	I arrange the environment to promote honest behavior in others, including topics of gender identity, expression, preferences, or interests and I ensure that a wide variety of genders is represented.
Y/N	On our website, print material, and physical space, it is made clear that the organization does not discriminate based on gender, gender identity, or gender expression
Y/N	Any paperwork documenting gender offer fill-in-the-blank options for gender, pronouns, and honorifics, including separate spaces for legal name and used name.
Y/N	When meeting someone new, I share my name and pronouns. Until someone shares with me, I take care to use gender-neutral language for them.
Y/N	When working with groups, I make a wide variety of items available to all, not only items typically associated with a person's perceived gender.
Y/N	In teaching materials I use or create, as well as in scenarios or instruction I present, a wide variety of genders are presented engaging in a wide variety of activities or occupations, not only ones typically associated with a specific gender.
Y/N	If a client expresses interest in medical knowledge regarding gender or gender transition, I recommend seeking medical consultation and have a referral network of affirming providers.
Y/N	I assess the social validity of my practices as a provider, educator, employer, supervisor, and/or researcher in an ongoing manner by asking if there is anything I can do to be more affirming, and I implement changes based on feedback.

Responding to a Shifting Climate

- > **Rely on our ethical code of conduct and standard of best practice.**
- > **Consider and support our gender non-conforming colleagues and families.**
- > **Be familiar with current regulations.**
 - If the term gender-affirming care is censored, use “best inclusive practices.”
 - If asking for pronouns is regulated, ask, “how would you like me to refer to you?”
 - If including multiple genders on forms is not allowed, opt for a fill-in-the-blank response.
 - If documentation requires the use of legal name, mention it once and proceed with the person’s preferred name.
- > **Rely on national and local LGBTQ+ community organizations for advice, support, and partnership.**
 - Several state-level LGBTQ+ organizations work to inform, advise, and protect queer and non-conforming educators, practitioners, families, and learners.



We are Observational Learners

Behaving in ways you have never observed and/or producing content you have never seen can be difficult to impossible.

Before expecting yourself to implement these affirming practices, let's observe a few:

- 1. Inclusive documentation**
- 2. Re-evaluating common instructional programs**
- 3. Conversations with opposing stakeholders**



Examples: Inclusive Documentation Example

School: _____ Date: _____

Name: _____ Pronouns: _____

Legal Name: _____

Gender: _____ Sex Listed on Birth Certificate: _____ Date of Birth: _____

"The student's legal name is John Doe. In February of this year, the student advocated for using the preferred name Jane and personal pronouns she/her. She will be referred to as such throughout the remainder of this document."



Examples: Re-evaluating Common Instructional Programs

The gender binary is embedded in our common goals:

- Tact people by gender using 4 terms (*girl, boy, man, woman*).
- Discriminates between the genders for girl and boy and man and woman (*e.g., Where's the girl?*).
- Discriminate between males and females given a pronoun (*e.g., he and she*).
- Select an item from an array of 10 given a pronoun and any LRFFC question (*e.g., Which toys are his?*) for at least 25 items.
- Answer 25 intraverbal questions involving pronouns (*e.g., Who has a brown dog?*).

We can avoid or expand these by:

- Including multiple gender identities and varying expressions.
- Teaching learners to ask people their gender and pronouns.
- Only using stimuli of people who have stated their gender/pronouns.
- Create a matching game using known people's names, genders, and pronouns.
- Not implementing programs/goals that only include male and female genders.



Preparing for Difficult Conversations

Common Myths	Simple Truths
Transness is a mental illness.	Organizations that define mental illness say that it is not.
Kids change their minds too often to know what they want.	Gender-affirming care providers look for persistence across a 6-month time frame.
Allowing a kid to be gender non-conforming will make them a target for bullying at school.	We should address bullying at school.
Transness is a new fad.	Legal protections, social safety nets, and visibility have increased sharply in the last decade.
Our biology defines our gender.	Sex and gender are not the same thing, and neither are binary.
People who transition will later regret it.	The regret rate for trans-related care is less than 1%.
Access to hormones should not be allowed until the age of 18.	Puberty results in irreversible changes that can be irrevocably harmful.



Preparing for Difficult Conversations

We often serve as allies by advocating for our students via conversations that can be difficult to navigate. There is never one right thing to say, but there are some approaches that can help dismantle defensiveness and foster connection.

- > **In scenarios where we receive pushback from a caregiver or co-worker, it can be helpful to:**
 - **Response Formula:** Listen, hear, affirm what you can, find a common goal, ask if they'd like to hear your point of view.
- > **In scenarios where someone has said or done something that is harmful, consciously or not, it can be helpful to:**
 - **Response Formula:** Give the assumption of good intent, find a common goal when you can, give the trust needed to share that what they are saying can be harmful (to you or others).



Examples of Hard Conversations

> In scenarios where we receive pushback:

- **Response Formula:** Listen, hear, affirm what you can, find a common goal, ask if they'd like to hear your point of view.
 - > **Ex:** "I am hearing that your main goal here is to operate in the best interest of our learners and you're concerned about surgical intervention for early learners – am I interpreting you correctly? That's great, I am totally with you there and I agree! My main priority is also our learners' health and happiness, and I think there are a lot of ways to center that. I am happy to talk to you about that some time or share some resources with you if you are ever interested in hearing more about my point of view – because I am sensing that we have some similar goals, values, and concerns here."



Examples of Hard Conversations

> In scenarios where someone has said or done something harmful:

- **Response Formula:** Give the assumption of good intent, find a common goal when you can, and give the trust needed to share that what they are saying can be harmful (to you or others).
 - > **Ex:** "Hey, friend, I want to start by saying I think you/we all came here with good intent and the goal of doing what is best and most helpful for our learners and co-workers. I think we all have that common goal and interest. Because we have that common goal, I want to share with you that statements like that can be harmful to our learners and the people we work with, even when they are said with the best intent. I am hearing through it that your main concern is the health and happiness of our learners, and I so appreciate that, but I find that there are more effective, inclusive, and helpful ways that don't cause damage in the way that this one often can. Again, I do not think harm was your intent and you did not anticipate it to hit in that way, which is why I wanted to share this with you. If you'd like to chat more about it another time, I'm happy to."



Practice makes perfect, but it also makes mistakes.

- > If we are going to practice gender-affirming care, we are going to make mistakes.
- > Luckily, our clients and their families are not looking for perfect providers. They are looking for kind, curious, responsive providers who learn from them and change their behavior based on their mistakes.



Identify your Goals and Practice your Skills.

Individual Practice

- > Use self-assessments to set your goals.
 - *Self-Assessment Tool for Cultivating Affirming Practices (Leland & Stockwell, 2019).*
- > Regularly use expansive Pronouns:
 - Have a conversation with a friend or by yourself about someone using pronouns you are unfamiliar with using.
 - Greet groups of friends using gender neutral language (i.e., “hello, friends” instead of “hello, ladies.”)
 - Use online practice tools, such as the *Duke’s gender pronoun practice*.
- > Evaluate your current practice.
 - Review your active treatment plans, environmental arrangements, documentation, and stimuli sets with gender-inclusivity in mind.

Group Practice

- > Evaluate common workplace practices & processes.
 - Review environmental arrangements, stimuli, curricula, documentation and forms, media presence, student and employee guidelines, etc. that are widely used at your workplace.
- > Set collective goals with your colleagues.
 - Use behavior skills training to work toward these goals.
- > Keep each other accountable.
 - Set a plan for how your workplace will implement changes, who will be responsible, and how changes will be evaluated.
- > Rely on national and state LGBTQ+ organizations for large-scale trainings and continued education that aligns and assists with common goals.



Action Planning

- What immediate changes will you make to your practice?
- What changes do you want to make in the future?
- What resources do you need? How will you get them?
- How will you evaluate how these changes impact your clients, colleagues, and families?



Equality means more than passing laws. The struggle is really won in the hearts and minds of the community, where it really counts.

Barbara Gittings

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RESOURCES

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Neuro/Gender Diverse Youth Are Asking For:

[Strang and colleagues \(2021\)](#) developed a clinical program for neuro/gender diverse adolescents through a **community-based participatory design**.



Subthemes	Youth Needs Assessment (% youth mentioned)	Parent Needs Assessment (% parents mentioned)	Resulting Clinical Approaches (RCAs) (youth useful %, parent useful for my child %) ^a
Theme 1: Youth Gender-Related Needs Should Be Supported/Targeted in Group			
<i>Help youth navigate gender-related challenges</i>	Help us learn how to deal with issues specific to GD/transgender youth (75%)	Help my child manage gender-related challenges/stressors (60%) Neurodiversity-related and gender-related needs are interrelated (60%)	---
<i>Support gender expression/style</i>	Teach specific skills for gender (e.g., makeup, voice) (50%) Give us a place to try out gender style (40%)	Help my child transition and present as their affirmed gender (45%)	RCA1: Provide opportunities to work on gender-related skills/style (if we want to) such as choosing clothing, makeup skills, voice and/or mannerism therapy, etc. (100%+, 93.1%) RCA2: Use the group to try out a new gender style. Members can come to group using a new name or pronoun, wearing new kinds of clothing or makeup, etc. (90%, 86.2%V)
<i>Provide gender-diverse exemplars/role models</i>	Help us meet people who are GD, including adult GD role models (85%)	---	RCA3: Invite different kinds of visitors who are gender-diverse and/or neurodiverse (e.g., transgender, nonbinary, gender fluid, cisgender, autistic, and non-autistic) to show the many different possible paths and outcomes. (93.1%+, 96.6%)
<i>Provide gender exploration opportunities</i>	Give us a place to explore gender (60%)	Help my child explore potential gender paths/outcomes (i.e., so they can figure out what fits them best) (75%) I wonder if my child's neurodiversity is affecting the way they think about their gender (45%)	RCA4: In a clear way welcome and include many different gender identities in group (including those with genders that may be fluid over time and those unsure about their gender). (93.1%-, 100%) RCA5: Use an accepting and flexible way of talking about gender. Talk about how gender can be fluid or stay the same. (86.2%V, 93.1%)
<i>Be attentive to youth gender-related medical needs</i>	Gender-related medical supports are important (40%)	---	RCA6: Save discussions of medical gender treatments for one-on-one meetings with clinical staff. Avoid talking about these topics in the group because they could be upsetting for group members who are not currently receiving these treatments because of their age, medical condition, etc. (86.2%+, 96.6%)

Lesson Plan Example 1

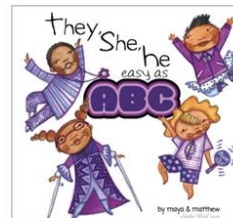
They, She, He easy as ABC: Understanding Names, Pronouns and Gender Expression

Suggested Grade Level: K – 2

Length of Time: 35 – 40 minutes plus 1 – 2 periods for the art project

Goals

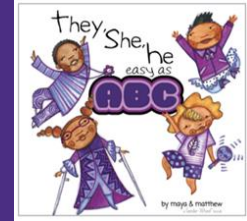
- ✦ To help students share and explore names and pronouns through discussion of literature and art.
- ✦ To explore the concept of pronouns with students and to embrace differences in the classroom community.
- ✦ To explore the concept of personal expression with students and center difference.
- ✦ To explore the concept of gender expression with students.



How does this lesson map onto self-advocate needs?

Objective

- + Students will listen to a book read aloud and discuss its meaning.
- + Students will create an ABC expressive self-portrait illustration with two descriptive sentences about their names and pronouns (if they use pronouns; some people don't).
- + Students will share their ABC self-portrait illustrations and practice respectfully understanding the names and pronouns that their schoolmates use (if they use pronouns; some people don't).
- + Students will learn to accept and embrace the many ways people may choose to express who they are through clothing, hairstyles and actions, free of gender norms.



- Help navigate gender-related challenges
- Support gender expression/style
- Provide gender-diverse role models
- Provide gender exploration opportunities
- Be attentive to gender-related needs

Lesson Plan Example 2

CHIMERA BUTTERFLIES: NON-BINARY ANIMALS

SUGGESTED GRADE LEVEL: K – 2

LENGTH OF TIME: 2 sessions of 40 minutes

GOALS

- To introduce the terms binary, non-binary, symmetrical and asymmetrical.
- To introduce an animal that is non-binary.
- To give students an opportunity to express their uniqueness by creating a butterfly that is asymmetrical.



OBJECTIVES

- Students will learn about Chimera butterflies that are both female and male.
- Students will engage in a discussion and art activity that will help them understand what the concept non-binary means.
- Students will create a colorful butterfly that is unique to them.



Lesson Plan Example 3

RED: A CRAYON'S STORY — THERE'S MORE TO ME THAN YOU CAN SEE

SUGGESTED GRADE LEVEL: K–2

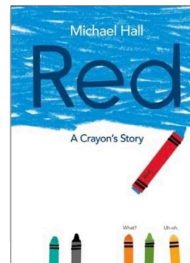
LENGTH OF TIME: One session of 35 minutes for reading and discussion; One project session of 45 minutes

GOALS

- To provide students with an opportunity to share some of their identities with classmates and teachers.
- To explore the concept of identity with students and embrace differences within the classroom community.
- To explore the concept of gender identity with students.

OBJECTIVES

- Students will listen to and discuss the text and images in the book *Red: A Crayon's Story*.
- Students will explore their internal identity by creating a personal crayon with the writing prompt "There's More To Me Than You Can See."
- Students will begin to understand that we cannot know someone based on their appearance—we are all complex people with many identities.



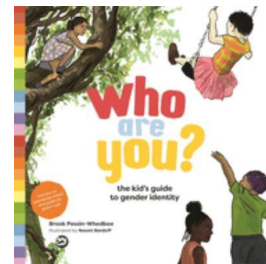
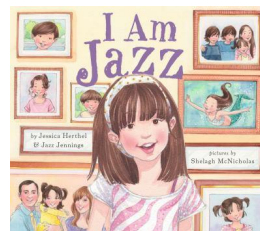
The book follows Red, a crayon with a bright red label, who is in fact blue. Red's teacher, mother, and classmates all try to help him be red. But Red is miserable. He just can't be red, no matter how hard he tries! Finally, a brand-new friend offers a new perspective, and Red discovers what readers have known all along. He's blue!

It is natural for young children to notice differences. This lesson offers an opportunity to build classroom community by giving students a chance to share and learn about each other's differences and authentic selves. The message of this story is to find and be true to your inner self and inner strengths, despite obstacles.



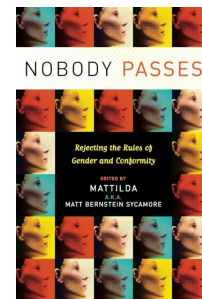
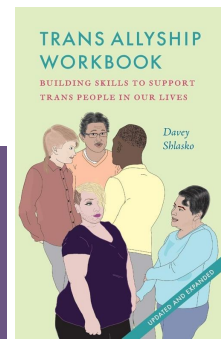
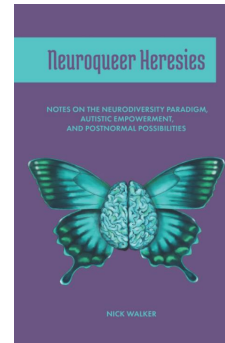
Gender Inclusive Stimuli

- > [SocialJusticeBooks.org](https://www.socialjusticebooks.org)
- > [CharisBooksandMore.com](https://www.charisbooksandmore.com)
- > [The Inclusive Emotional Whole-Body Stimulus Set](#)
- > [Scientist Spotlight Initiative](#)
- > [500 Queer Scientists](#)
- > [Safe Zones: Supporting LGBTQ Youth Through Literature](#)
- > [Guide to Developing LGBTQ-Inclusive Classroom Resources](#)
- > [Welcoming Schools Gender Expansive Lesson Plans](#)
- > [Youtube: Queer Kid Stuff](#)
- > [Cult of Pedagogy Podcast: Making school better for gender-expansive kids.](#)
- > [Human Rights Campaign Resource Guide](#)
- > [Beyond the Binary \(an animated short\)](#)



Book Recommendations for Practitioners

- > **TRANS ALLYSHIP WORKBOOK: Building Skills to Support Trans People in our Lives** – Davey Shlasko
- > **Neuroqueer Heresies: Notes on the neurodiversity paradigm, autistic empowerment, and postnormal possibilities** – Nick Walker
- > **Nobody Passes** – Matilda AKA Matt Bernstein Sycamore



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Opportunities for Pronoun Practice

- > **A Guide to Practicing Gender-Neutral Pronouns, For Well-Meaning Cis Friends and Family**
- > **Online Pronoun Practice Website**
- > **University of Maryland Pronoun Practice Worksheet**

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Additional Resources



[Gender Affirming Care Resource Folder](#)

This folder is intended to serve as a community resource that will continue to grow with our knowledge.

We hope that you will share this folder with your colleagues, peers, and community members.



APPENDIX O: QUEER TERMINOLOGY TIP SHEET

- GLOSSARY -
**GENDER EXPANSIVE
 TERMS**

WORD	DEFINITION
GENDER NONCONFORMING	<ul style="list-style-type: none"> ·Describes people whose gender expression differs from conventional expectations of masculinity and femininity. Note that many cisgender people have gender expressions that are gender non-conforming.
NONBINARY	A gender identity that falls outside of the gender binary. A nonbinary person can identify as both or neither male and female, or sometimes one or the other. Some people may use words like agender, bigender, demigender, pangender, etc. to describe the specific way in which they are nonbinary.
PASSING	Refers to a transgender person who is seen outwardly as the gender with which they identify.
QUEER	A word with multiple meanings. Often used as a way of referring to LGBTQAI+ individuals as a group or as a specific self-identification.
TRANSITION	The process a person undertakes to align their gender expression with their gender identity. It is a process that occurs over a long period of time across social, legal, and/or medical facets. The exact steps involved will vary from person to person.

- GLOSSARY -

GENDER EXPANSIVE TERMS

WORD	DEFINITION
GENDER IDENTITY	A person's internal, deeply held knowledge of their own gender. Everyone has a gender identity.
GENDER EXPRESSION	External manifestations of gender, expressed through name, pronouns, clothing, haircut, voice, and/or behavior. Societies classify these external cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture.
SEX ASSIGNED AT BIRTH	Infants are assigned a sex at birth, "male" or "female," based on the appearance of their external anatomy. However, the development of the human body is a complex process, and sex is not solely determined by anatomy, nor is it strictly binary.
INTERSEX	Someone born with male, female, or non-gender-specific genitalia. May identify as any gender.
CISGENDER (CIS)	Refers to a person whose gender identity and gender expression match up with what their culture expects from their sex assigned at birth.
TRANSGENDER (TRANS)	An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.

- GLOSSARY -
**GENDER EXPANSIVE
 TERMS**

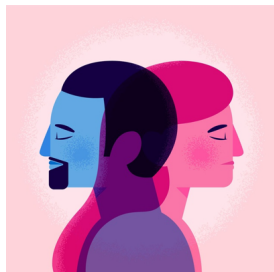
WORD	USED IN A SENTENCE
TRANSGENDER	Lilly is a trans woman. She makes art with her sister, Lana, who is also a trans woman.
GENDER NONCONFORMING	Mark is a cisgender man who regularly wears skirts and heels. He enjoys being gender nonconforming.
NONBINARY	Stevie is nonbinary. They do not identify as exclusively male or female, but rather a mix of the two.
PASSING	Passing is not a priority for James because being perceived as a trans man is important to him.
QUEER	Sierra identifies as queer, which includes her gender and sexuality. She loves being a part of the queer community.
TRANSITION	Spencer's transition started in 2019, and she has had a wonderful time learning more about herself.

APPENDIX P: INTERSECTING IDENTITIES TIP SHEET



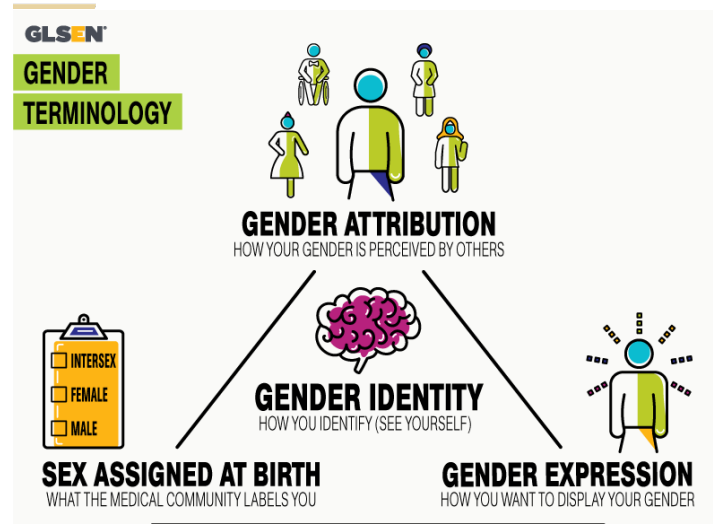
The **Gender Binary** rests on the notion that only two genders exist as solidly fixed, biologically based, and attached to expectations for behavior, appearance, and feelings.

A **Gender-Expansive** view conveys a wider, more flexible range of gender identity and/or expression.



- QUICK FACTS**
- > The gender-binary isn't as traditional as you might think.
 - > Much of the precolonial world recognized more than two genders
 - > 5.6% of Americans identified as LGBT+ in 2020
 - > 60% of LGBTQ youth seeking mental healthcare could not access it 2022
 - > Being trans does not imply any specific sexual orientation.

Gender-Related Terms & Definitions



> **Cisgender**, or cis, refers to a person whose gender identity and gender expression match up with what their culture expects from their sex assigned at birth.

> **Transgender**, or trans, is an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.

Non-binary: A person who does not feel comfortable in a social system that recognizes only two categories.

Agender: identifies as having no, or a neutral, gender identity

Genderqueer: individuals reject notions of static categories of gender and embrace fluidity of gender identity and often sexual orientation.

Lived Experiences

A recent survey by the Human Rights Campaign revealed that the majority of gender expansive youth feel like they have a low likelihood of achieving their ambitions, particularly if they remain in their hometown. They report feeling unsure if things will get better and believe that they need to move to a new city to truly feel accepted.

9% of LGBTQ Youth Identify as Gender Expansive

- Gender Expansive youth report:**
- > 4% report being very happy
7x less than straight, cis male peers
 - > 30% strongly feel they do not fit into their community; 5% strongly feel they do
6x less than straight, cis male peers
 - > 40% feel frequently excluded by peers
 - > 37% are frequently verbally harassed at school
 - > 27% feel their family is very accepting of LGBT people
 - > 43% feel they have a trusted adult at home

At the Intersection of Neuro-Diversity

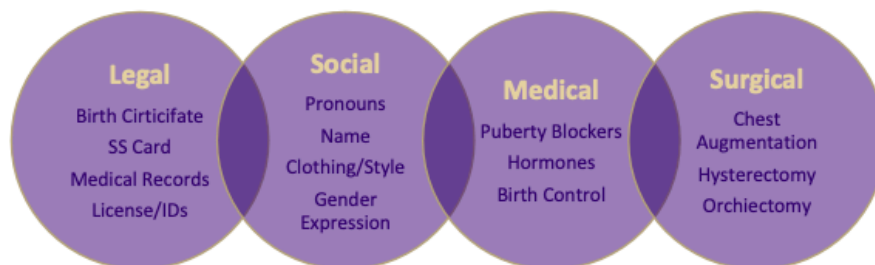
People with autism report more fluid sexuality and gender identities than people who identify as neurotypical. Gender expansive people are three to six times as likely to have autism than cisgender people.

Autistic gender-diverse adolescents report: recollections of pre-pubertal gender nonconformity, fear of social gender expression due to perceived animosity toward trans people, and specific challenges that result from the interplay of gender and neurodiversity.



Gender-Affirming Care

Cisgender individuals receive gender affirming care every day but often fail to identify it as such. This can include:



Gender-affirming healthcare practices coupled with familial and peer support yield lower rates of adverse mental health outcomes for adolescents, build self-esteem, and improve overall quality of life for gender diverse youth (Wagner et al, 2019).

Putting Gender-Affirming Practices into Action

Educate yourself. Create space. Advocate.

INSTEAD OF	TRY...	RATIONALE
<p>Making assumptions about or letting discomfort get in the way of asking about pronouns...</p> <p>Ex: "Nice to meet you! My name is Jessica. I use <i>she/they</i> pronouns." "A new student is coming today. Where should <i>they</i> sit and who wants to say hello to <i>them</i> when <i>they</i> get here?"</p>	<p>Stating your own pronouns</p> <p>Default to neutral pronouns (they/them)</p>	<p>This signals your LGBTQ+ allyship early on and provides an organic opportunity for others to share their identity.</p>
<p>Implying someone's birth name is their "real" name...</p> <p>Ex: Waiting for the first day of school to put students' names on desks so that they can write and decorate it how they'd like. Use this to update your class roster.</p>	<p>Using and respecting the name someone gives you.</p>	<p>Our names show up in our daily interactions with the world. Having ownership of our name is important to our autonomy.</p>
<p>Questioning the validity of a learner's statements due to age, ability, etc.</p> <p>Ex: Using students' identified name/pronouns/gender identity throughout education plans. Reference legal name/sex assigned at birth when documentation requires.</p>	<p>Assuming that the learner is the expert on their experiences, wants, and needs.</p>	<p>We don't know anyone better than we know ourselves. Trusting our students' words allows them to trust us with their needs.</p>
<p>Dwelling on mistakes you might make while providing care to trans people...</p> <p>Ex: "Dax said <i>she</i> wants... sorry, Dax said <i>he</i> wants to read that book."</p>	<p>Acknowledge your error, apologizing, and moving on with the encounter.</p>	<p>Mistakes happen but a lengthy apology may alienate your students more. The best course is to apologize and get back to the conversation.</p>
<p>Ignoring the mistakes of others...</p> <p>Ex: "Dax said <i>she</i> wants to read that book." "Dax uses <i>he/him</i> pronouns. I'd love to read that book with <i>him!</i>"</p>	<p>Quickly and kindly correcting them in the presence or absence of the student.</p>	<p>Advocating for students' shows respect, shares the responsibility, aids in creating a safe space, and provides a model for self-advocating.</p>
<p>Using assessments and curricula that rely on binary gender...</p> <p>Ex: using curricula that centers a wide range of identities; defaulting to they/them pronouns for characters who have yet to disclose pronouns; Rejecting curricula that teach pronouns based on physical discrimination</p>	<p>Use assessments and materials that recognize gender expansive individuals</p>	<p>Assessments/curricula that require students be labeled as either male or female cannot provide valid, authentic representations of trans students.</p>
<p>Letting your actions/words serve as your primary form of trans allyship...</p> <ul style="list-style-type: none"> - Forms: documentation requiring identity information recognize sex & gender separately and include gender expansive identities - Materials: marketing, curricula, and classroom represent and affirm LGBTQ+ people - Language: simple changes in everyday language, like addressing the class as scholars, students, folks, etc. instead of "boys and girls," can make a big difference in a student's day. - Spaces: Involving students in classroom decoration at the start of each school year; peer groups formed by interest, not sex/gender; gender neutral bathrooms equally accessible as M/F 	<p>Using the physical environment to reinforce your trans affirming care.</p>	<p>Turning "ally" into a verb.</p> <p>Your physical atmosphere is an extension of your practice. Adding trans flags and LGBTQ+ representation to your walls, pamphlets, and websites can signal inclusivity, allyship, and safety.</p> <p>When our forms, materials, language, and spaces clearly include and value gender expansive people, we can better see and celebrate our students for who they truly are.</p>

References

All references are hyperlinked. Click on the underlined section to access the webpage.

Behaviour Speak: [Gender Identity & Expression](#)

Core IM: [5 Pearls on Transgender Health](#)

FFLAG: [A Guide for Family & Friends](#)

GLSEN:

- [Gender Triangle Education Guide](#)
- One Brick at a Time: [Building Inclusive Classrooms](#)
- Respect for All: [Policy Recommendations to Support LGBTQ Students](#)
- [Supporting LGBTQ+ Students of Color](#)

HRC: [Supporting & Caring for our Gender Expansive Youth](#)

Love, Sex & Applied Behavior Analysis Podcast: [Seeing the world through the trans experience](#)

Twice Consulting: [Practitioner Training for LGBTQAI+](#)



Gender Affirming Care Resource Folder

This folder is intended to serve as a community resource that will continue to grow with our knowledge.

We hope that you will share this folder with your colleagues, peers, and community members.

If you would like to be a contributor, request access through the folder or email jflahe@uw.edu.

**APPENDIX Q: DESCRIPTIVE STATISTICS FOR SOCIAL VALIDITY
QUESTIONNAIRE**

Descriptive Statistics for Social Validity Questionnaire

Question	Mean	Std Dev	Min	Max
Content Satisfaction	4.76	0.43	4	5
Inclusive Strategies	4.70	0.46	4	5
Supportive Learning	4.65	0.48	4	5
Application to Practice	4.70	0.52	3	5
Length Appropriateness	4.59	0.72	2	5
Ease of Understanding	4.78	0.42	4	5
Materials Organization	4.84	0.37	4	5
Future Usefulness	4.76	0.43	4	5
Format Suitability	4.76	0.43	4	5
Effectiveness on Practices	4.59	0.60	3	5
Increased Inclusivity	4.62	0.59	3	5
Knowledge Increase	4.73	0.51	3	5
Confidence Increase	4.41	0.64	3	5

Notes. N=38. Scale = 1 (strongly disagree) to 5 (strongly agree)

**APPENDIX R: WRITTEN RESPONSES FROM SOCIAL VALIDITY
QUESTIONNAIRE**

<i>Written Responses from Social Validity Questionnaire.</i>		<i>n = 38</i>
Acceptability	“Great training for someone is not confident with little experience. I felt safe not knowing and making mistakes.”	
	“Thank you for sharing the resource folder. Very helpful as a reference to continue this learning journey.”	
	“I think this was a great training for folks already on-board with the need for gender affirming care. I don't think it would be a good fit for folks who think gender affirming care is problematic (and unfortunately that includes many BCBAs).”	
	“Just appreciate the work you are putting in for the queer/neurodivergent.”	
	“Love tying in childhood development which is a huge area of growth for the field.”	
	“I worry about trainings like this in the current political climate, but I am happy to see it is still happening.”	
	“Thank you for providing tips for when trying to engage in a conversation with someone who isn't ready to talk about gender affirming care. I also think it was helpful to note that sometimes a person is never ready to have difficult conversations about gender and to recognize when you've provided all you can to aid them. I do wish we would've had more time to discuss with the other people a part of the training to hear about their experiences.”	
	“The training was excellent. I would highly recommend this for any behavior analyst, trainee, or other ABA professional.”	
	“I reject many norms for women, but because I do not really express many typically male norms, I have never thought of myself as gender fluid. My lens has usually been feminism and the patriarchy. This presentation has me rethinking all of those elements.”	
	“I appreciated the details put towards the various facets and scenarios involved in the overall care as ABA practitioners.”	
“No, just that as a gay man BCBA and ally to gender nonconfirming people, I am very grateful for someone doing this kind of research in behavior analysis. It is much needed and often overlooked.”		
Feasibility	“The Feasibility of action steps is really helpful in wanting to use them.”	

	<p>“Training was great! Easy to follow, interactive, and comprehensive.”</p> <p>“The way information was described was very easy to follow and understandable for myself who had done little research and training in gender-affirming care.”</p> <p>“What a wonderful training! Very clear, organized and well articulated.”</p> <p>“This training was accessible but provided great depth on the topic. The speaker was highly knowledgeable and down to earth; they communicated clearly about complex and sensitive issues.”</p> <p>“There is so much to cover- and if the training had been more than 2 hours I would have zoned out. No way to cover so much content in such a short time.”</p> <p>“Loved all of the resources and how each individual resource link was sent as it was relevant. This helped me to stay engaged.”</p> <p>“Easy to understand/broken down into digestible parts.”</p> <p>“The training is feasible to implement as it provides ready-to-use resources like documentation templates and conversation scripts that require minimal modification for immediate use.”</p> <p>“This suggestion may be off base and may just demonstrate where I am in my learning, but when you spoke about the developmental stages of children in the beginning of the presentation, I wish it had had a bit more breadth.”</p> <p>“If time permitted, I wanted to learn and practice more about the difficult conversation case studies.”</p> <p>“I wish there could have been more time for discussion.”</p> <p>“The pacing was perfect!”</p> <p>“Loved the visuals and the organization of this presentation.”</p>
Effectiveness	<p>“Extremely informative and fun training! I felt welcome and excited to learn! So many wonderful resources were provided that I look forward to continuing to learn from and explore! “</p> <p>“The training equips practitioners with concrete tools and conversation frameworks to create inclusive environments while navigating potentially challenging interactions with stakeholders.”</p>

	<p>“Trainer provided many handouts and articles to support her claims which is incredibly helpful when trying to discuss the topic with other individuals who did not take part in the training.”</p>
	<p>“Expanding on ways to normalize language in sharing gender identity with young ones would be great! Books, normalizing differences.”</p>
	<p>“Impactful, engaging, and applicable- we will be integrating these practices and educating our team :) Thank you!”</p>
	<p>“This training was presented in a way that was comfortable and inclusive and very effective.”</p>
	<p>“Overall the training was great! I describe my self as zero knowledge in this area, but now at least I have 5 (10 is the full mark).”</p>
	<p>“I’m always looking for CEUs that benefit me and are not just interesting and this one perfectly hit the mark. Just yesterday I came across someone who uses Mx instead of Ms or Mr and didn’t know how to pronounce it. I corrected myself, but didn’t apologize. Mental note for the future!”</p>
	<p>I am so happy that you provided tools and ideas for practicing. Most of my experiences in life conform to my 50 years of practice with assigning gender and using pronouns so that I have felt deprived of opportunities to improve in my fluidity. Very useful! Thank you!</p>
	<p>For myself working with adults with IDD, the examples and scenarios were catered to early childhood and did not always match. However, the information at large was still valuable across all persons and age groups.</p>
	<p>“I think this training will be effective, especially since there are many resources that were provided.”</p>
	<p>“I really enjoy the training, but as mentioned many times... it takes practice!! I’m not sure I feel confident to implement these strategies or talk to stakeholders about this whole change in mindset/actions. I also believe that for this to be effective with practitioners who work at private clinics/schools, the training should be offered to the staff as well so the whole group is exposed to it.”</p>