

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WISCONSIN**

CODY FLACK and  
SARA ANN MAKENZIE,

Plaintiffs,

v.

WISCONSIN DEPARTMENT OF  
HEALTH SERVICES and  
LINDA SEEMEYER, in her official capacity  
as Secretary of the Wisconsin Department of  
Health Services,

Defendants.

Case No. 3:18-cv-00309-wmc  
Judge William Conley

**EXPERT WITNESS DECLARATION OF STEPHANIE L. BUDGE, PhD, LP**

I, Stephanie L. Budge, PhD, LP declare as follows:

1. My name is Stephanie L. Budge, PhD, LP. I am a licensed psychologist, specializing in issues of gender identity and gender transition processes. I am an assistant professor in counseling psychology at the University of Wisconsin-Madison.

2. I have been retained by counsel for Plaintiffs in the above-captioned matter to provide an expert witness declaration to: (a) address psychological understanding of gender identity, gender dysphoria, and sex; (b) provide my expert opinion on the psychological benefits and medical necessity of medical interventions for gender dysphoria, including hormone therapy and gender confirmation surgeries; and (c) summarize my clinical evaluations of Plaintiffs Cody Flack and Sara Makenzie, identifying the harms to their psychological health and overall well-being that each of them has experienced, and are at high risk of continuing to experience, due to their inability to obtain gender confirmation surgeries.

3. I have personal knowledge of the matters stated in this declaration.

### **Background and Qualifications**

4. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. This is included as an accurate and true copy and is attached as Exhibit B to this declaration.

5. I received a master's degree in educational psychology from the University of Texas at Austin in 2006 and a PhD in counseling psychology in 2011 from the University of Wisconsin-Madison. My PhD concentration specifically focused on transgender individuals. I also specialized in psychological assessment as part of my PhD degree program.

6. I have been a mental health professional since 2006 and I am currently licensed to practice psychology in the state of Wisconsin (license # 3244-57).

7. I have expertise working with individuals whose gender assigned at birth is different from their gender identity (hereafter referred to as transgender or trans individuals). I have been a mental health provider to transgender individuals since 2007. Transgender individuals have comprised the majority of my clinical caseload since 2011, and I have worked clinically with over 100 transgender clients (through individual therapy, group therapy, psychological evaluations, and providing supervision of clinical work of transgender individuals).

8. As a faculty member at the University of Wisconsin-Madison, I teach courses that focus on training master's and doctoral students skills to become mental health professionals and psychological researchers. My faculty appointment has included clinical work at the Counseling Psychology Training Clinic (CPTC), where I have provided pro bono therapy to transgender individuals and training to students in best practices in clinical work with transgender clients. As part of my faculty appointment, I direct the Trans Research Lab (TRL). As director of the lab, I

design research projects that focus on transgender individuals' mental health. One of the current research projects is a clinical trial focusing on the efficacy of psychotherapy for transgender individuals. As part of this clinical trial, I trained all of the therapists in assessing gender dysphoria and writing letters for transition-related medical care for transgender clients.

9. I have published 62 invited and peer-reviewed journal articles and book chapters, with the majority of these focusing on transgender individuals. Notably, several of these publications are focused on evaluating transgender individuals to assess their eligibility for transition-related care, including hormone treatment and surgery; how to engage in clinical decision-making related to mental health care for transgender individuals; and effective psychotherapeutic treatment for transgender individuals. I have been involved in more than 100 academic presentations (internationally, nationally, and locally). The majority of these presentations have been focused on transgender individuals. I am an associate editor for the journal *Psychotherapy*. I am also on the editorial board for two peer-reviewed academic journals: *Psychology of Sexual Orientation and Gender Diversity* and the *International Journal of Transgenderism*. Researchers in the United States and internationally have sought my assistance as an expert reviewer for research focused on transgender individuals.

10. I have received several awards for my work in the science and clinical practice of working with transgender individuals. Most recently, I (along with colleagues) received the 2017 award for *The Counseling Psychologist* related to a major contribution on *Research on Transgender People and Issues*. I received the 2015 American Psychological Association Early Career Award for work with LGBT populations from the Society for Counseling Psychology and I was the first recipient of the American Psychological Association's Transgender Research Award in 2010. Locally, I am also a member of the Wisconsin Trans Health Coalition (WTHC),

which is an organization focused on improving health care for transgender individuals throughout Wisconsin. My primary role on the coalition is to consult on research projects and collect data about transgender individuals in Wisconsin to tailor health care interventions for local community members. For my community-focused research with the WTHC, I received the UW-Madison School of Education 2018 Community Engaged Scholar award.

11. I am a member of the Society for Lesbian, Gay, Bisexual, and Transgender Issues within the American Psychological Association (of which I am also a member). I am co-chair of the Science Committee for the Society. We provide programming at the annual American Psychological Association convention to disseminate cutting edge research on the best psychological practices and evidence-based treatments with LGBT individuals. At the 2018 annual convention, I will be disseminating up-to-date information about evidence-based treatments for transgender individuals.

12. I am a member of the World Professional Association of Transgender Health (WPATH). WPATH is an interdisciplinary professional and educational organization of individuals worldwide specializing in research and practice in transgender health.

13. I am being compensated at an hourly rate of \$200/hour for actual time devoted for my expert services and testimony in this case, as well as expenses and costs. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

14. I have not testified as an expert witness at deposition or trial in any case in the last four years.

### **Basis for Opinions**

15. My opinions are based on my clinical experience; research findings from my own scholarship; my review of the seminal and influential psychological and public health research on transgender individuals, including the most current research, published as recently as this year (listed in the bibliography attached to this declaration as Exhibit A); review of and familiarity with the current diagnostic criteria and standards of care for gender dysphoria; the clinical interviews and psychological assessments of Ms. Makenzie and Mr. Flack that I conducted on April 24, 2018 and May 5, 2018, respectively, which were performed according to standards in my field; and my telephone conversations with Ms. Makenzie and Mr. Flack's treating therapists following my meetings with each of them.

### **Background**

#### ***Sex, Gender Identity, and Gender Dysphoria***

16. All human beings have a gender identity. Gender identity is innate and generally considered an immutable characteristic. In the psychological and medical professions, gender identity is understood to mean a person's internal sense of one's own sex, as it is privately experienced in one's behavior and self-awareness of being female, male, or at a defined point along a gender continuum. Human beings usually begin to explore and understand gender identity around the age of three (with some variation around this age), although many transgender individuals may not begin to recognize or express their gender identity until later in life.

17. The majority of individuals born with penises, testes, and XY chromosomes will identify as men and experience themselves as male. As well, the majority of individuals born with vaginas, clitorises, vulvas, ovaries, uteruses, and XX chromosomes will identify as women

and experience themselves as female. However, there are many variations that may differ from this trajectory, including, for example, transgender people and those with intersex conditions and sex chromosome conditions.

18. Sex refers to one's classification as male, female, or neither male nor female. A person's sex cannot be defined by one single physiological or anatomical characteristic. It is most appropriate to define sex based on a person's gender identity because it is the only cognitive (and uniquely human) construct associated with sex.

19. A transgender person is someone whose experienced gender identity differs from, or is incongruent with, their gender assigned at birth.

20. For most transgender individuals, a gender transition or "transitioning" is considered psychologically and medically necessary, as will be noted below.

21. Transition can take either or both of two forms: (a) social transition, and (b) medical transition.

22. A social transition can consist of: telling others of one's gender identity (also known as "coming out"), using a different name than the one on one's birth certificate, using pronouns congruent with one's gender identity, wearing clothing associated with one's gender identity, changing one's hairstyle, and using restrooms aligned with one's gender identity.

23. A medical transition usually includes any medical procedure to assist a transgender individual with achieving primary or secondary sex characteristics that are closely aligned with their gender identity. Medical transition can include hormone therapy and/or one or more gender confirming surgeries (e.g., internal/external genital reconstruction, chest reconstruction, feminization or masculinization of facial features, body contouring).

24. Gender dysphoria is codified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Gender dysphoria is the medical and psychiatric diagnosis for distress associated with gender incongruence. Individuals who are diagnosed with gender dysphoria can experience a diversity of symptoms. When individuals with distress related to gender incongruence do not obtain competent and necessary treatment, serious and debilitating psychological distress (for example, suicidal ideation, substance use, depression, anxiety, and self-harm) often occurs.

25. Under the DSM-5, there are two criteria for identifying gender dysphoria in adolescents and adults (302.85), Criterion A and Criterion B.

26. Criterion A indicates: A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two of the following:

- 1) A marked incongruence between one's gender identity and primary and or/secondary sex characteristics;
- 2) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's gender identity;
- 3) A strong desire for the primary and/or secondary sex characteristics that are in alignment with their gender identity;
- 4) A strong desire to be the gender matching one's gender identity;
- 5) A strong desire to be treated as one's gender identity;
- 6) A strong conviction that one has the typical feelings and reactions of one's gender identity.

27. In addition to meeting at least two symptoms in Criterion A that have been experienced for at least 6 months, individuals must also meet components of Criterion B to receive a diagnosis of gender dysphoria. Criterion B indicates that gender dysphoria must be associated with clinically significant distress or impairment in social, occupational, educational, or other important areas of functioning.

28. WPATH created Standards of Care (SOC) that provide evidence-based protocols for mental health and medical providers. These standards of care assist providers in determining the specific treatment regimen that will best fit the needs of the transgender individual. The SOC indicate that each transgender person has their own specific transition needs and that not every transition will look the same. Treatment for the distress related to dysphoria generally consists of social, psychological, and/or medical support, as needed, which allows the individual to live in accordance with their gender identity.

***Medical Necessity of Treatments for Gender Dysphoria***

29. To date, “every major expert medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people and has called for health insurance coverage for treatment of gender dysphoria” (p. 1801, Baker, 2017).

30. In addition, research indicates that, as part of a medical transition, gender confirming surgical procedures are safe and have high post-surgical satisfaction rates (Hess et al., 2014; Tran et al., 2018).

31. The American Psychiatric Association’s Task Force on Treatment of Gender Identity Disorder (GID) (Byne et al., 2012) indicates: “This resolution concludes that medical

research demonstrates the effectiveness and necessity of mental health care, hormone therapy and SRS [sex reassignment surgery] for many individuals diagnosed with GID” (p. 768).

32. The American Psychological Association’s Task Force on Gender Identity and Gender Variance (2009) report indicates: “For individuals who experience such distress, hormonal and/or surgical sex reassignment may be medically necessary to alleviate significant impairment in interpersonal and/or vocational functioning. Indeed, when recommended in clinical practice, gender confirmation surgery is almost always medically necessary, not elective or cosmetic” (p. 32).

33. In 2015, the American Psychological Association issued 16 guidelines for psychological practice with transgender and gender non-conforming people (APA, 2015). Under these guidelines highlight the importance of psychologists providing letters to support transgender people seeking medically necessary care. The guidelines also indicate that psychologists should be aware of the research-based evidence reporting the positive outcomes of hormones and surgery for transgender clients, and that psychologists often play an essential role in the process of facilitating access to these medically necessary treatments.

***Psychological Impact of Medical Interventions for Gender Dysphoria***

34. The primary reason for the medical necessity of hormone therapy and gender confirmation surgery is demonstrated in the psychosocial benefits of these treatments. The current SOC are based on nearly four decades of data that demonstrate the beneficial psychosocial outcomes of hormone therapy and gender confirmation surgery. The SOC state that the vast majority of studies have established that gender confirmation surgery has irrefutable psychosocial benefits, such as general satisfaction with surgery, satisfaction with sexual functioning, improved well-being, and improved quality of life.

35. The most recent studies regarding the outcomes of surgery indicate even stronger treatment benefits. The most current research confirms what previous studies have shown regarding positive outcomes from gender confirmation surgery, namely that quality of life and mental health outcomes only continue to improve after surgery and that patients do not experience regret related to the procedures (e.g., Glynn et al., 2016; van de grift et al., 2018).

36. In addition to the substantial body of literature noting the positive psychosocial outcomes of hormone therapy and gender confirmation surgery, research also shows that *failure* to provide transition-related medical care can lead to significant harm. For example, Glynn et al. (2016) report that some transgender individuals may engage in harmful behaviors, such as self-surgery or use of non-prescribed hormones, primarily if they are denied access to medical care and/or cannot afford the treatment(s).

37. In addition to the research that shows specific positive effects on mental health and well-being directly related to hormone therapy and gender confirmation surgery, research also links the overall transition process to better outcomes in well-being. Budge, Adelson, & Howard (2013) found that transgender men and transgender women who are further along in their transition process use less avoidant coping mechanisms and have lower levels of anxiety and depression. As well, being further along in the transition process predicted better belongingness (i.e., the feeling of acceptance in a group or community) and well-being in a large community sample of transgender individuals (Barr, Budge, & Adelson, 2016). In addition to improving well-being, several qualitative studies have noted the importance of the transition process on increasing civic engagement, such as becoming educators, activists, volunteers, and creating systems for support and connection (e.g., Budge, Orovecz, & Thai, 2015; Budge, Chin, & Minero, 2017; Budge, Katz-Wise, Tebbe, Howard, Schneider, & Rodriguez, 2013).

**Summary of Clinical Assessments of Plaintiffs Sara Ann Makenzie and Cody Flack**

38. At the request of Plaintiffs' attorneys, I recently conducted clinical interviews and psychological assessments of the plaintiffs in this lawsuit, Sara Ann Makenzie and Cody Flack. Each evaluation lasted approximately three hours and included a clinical interview and the administration of psychological assessments. These evaluations were conducted according to my general practice in conducting psychological evaluations and are based on professionally accepted practice. The purpose of these evaluations was to assess and confirm each plaintiff's diagnosis of gender dysphoria and assess the nature and extent of the harm, if any, each has experienced or may experience as a result of being denied Medicaid coverage for transition-related surgeries (including, where applicable, the exacerbation of other mental health conditions).

***Clinical Assessment of Sara Ann Makenzie***

39. I met with Sara Ann Makenzie in Madison, Wisconsin on April 24, 2018 to conduct a clinical interview and administer psychological assessments.

40. I used the following instruments for the clinical assessment of Ms. Makenzie: DSM-5 Diagnostic Interview, Beck Hopelessness Scale (Beck, 1993), Severity of Posttraumatic Stress Symptoms (NSESSS) (Kilpatrick et al., 2013), Severity Measure for Social Anxiety Disorder (Social Phobia) (Craske et al., 2013), Severity Measure for Panic Disorder (Craske et al., 2013), and Gender Minority Stress and Resilience Measure (Testa et al., 2015).

41. Ms. Makenzie is a 42-year-old white woman who identifies as female and was assigned a male gender when she was born.

42. Ms. Makenzie indicates a history of mental health concerns spanning approximately 33 years. She reported that her mental health concerns began when she started

experiencing significant gender dysphoria around the age of 10. She reported experiencing “anger issues” and “feeling out of control,” which she partially attributes to experiences of gender dysphoria. She stated that she received inpatient mental health treatment from the ages of 10 to 15 and that many of her symptoms were managed when she was able to incorporate healthy coping mechanisms. While she continues to experience some symptoms related to several mental health disorders, she reported that she is working with a team of professionals to assist her with medication management and therapeutic support.

43. Ms. Makenzie reported that she began to understand her gender identity around 2012 when she told a therapist about her experiences with her internal sense of gender and her gender dysphoria. When she discovered the term transgender through therapy, she described her feeling at the time as: “I feel me, I feel alive, I feel wonderful.” She said that she eventually began the process of medically transitioning, specifically by taking estrogen and spironolactone (a medication that inhibits testosterone). She indicated she had surgical enhancement of her breasts. The hormone therapy and breast surgery provided some relief from dysphoria.

44. Ms. Makenzie reported that she currently experiences significant dysphoria related to her genitals. She said that this dysphoria impacts many facets of her life, including her social life, sexuality, and occupational functioning. She reported that she worries about what she is wearing and if people can see her genitals through her clothing, which impacts her ability to be social since she is “constantly worrying” what others are thinking. In addition, she has similar worries about what others are thinking about her when she is at work and that feminine work clothing may be “too revealing” since women’s pants tend to be form fitting. She indicated that she spends so much time thinking about if others can see her genitals that she has not been able to work and does not feel motivated to socialize. She also reported that she has an unsatisfactory

sex life due to her dysphoria. In addition, she has difficulty looking at herself in the mirror and the act of showering also increases her dysphoria.

45. Based on the clinical assessment, Ms. Makenzie meets the criteria for gender dysphoria and several mental health disorders (post traumatic stress disorder (with depressed and anxious mood and panic attacks) (309.81) and social anxiety disorder (300.23)).

46. Regarding gender dysphoria, Ms. Makenzie meets all 6 symptoms of Criterion A. She clearly stated experiencing incongruence with her gender assigned at birth and her female identity since she was 3 years old and that she feels entirely female (symptoms 1 and 4). She indicated that she has taken steps to change aspects of her body (symptoms 2 and 3), such as taking hormone therapy, having breast surgery, and seeking genital surgery. She indicated that she would like to change additional aspects of her body (such as body hair and feminization of features), but has not sought these procedures due to financial constraints. She also describes a strong desire to be treated as a woman (symptom 5), and that when she is misgendered or treated negatively due to her gender identity, she experiences an increase in dysphoria. She also reports “typical feelings and reactions” that are in alignment with her gender identity (symptom 6). For Criterion B, Ms. Makenzie reported significant distress in functioning, primarily in social and occupational functioning. Ms. Makenzie said that she experiences intense social fears that stop her from seeking additional social support or gaining community support. She also reported difficulty maintaining employment due to fears of rejection, harassment, or judgment from others.

47. A substantial portion of Ms. Makenzie’s trauma symptoms are related to her gender identity (for example, experiencing physical violence as a result of her transgender

identity). As well, Ms. Makenzie attributes all of her social anxiety (and subsequent panic) to fear of how others will treat her as a transgender person.

48. I conducted a full psychological evaluation with Ms. Makenzie to determine the state of her overall current mental health and her mental health history. As a part of this evaluation, I asked her specific questions regarding any harm that was a result of her inability to obtain surgery. As noted below, she reported specific and direct psychological harm by not being able to obtain surgery and by the specific denial of surgery based on her gender identity.

49. Ms. Makenzie reported that her request for genital surgery was denied because Medicaid does not cover the procedure. When I asked her about her reaction after she found out that her request for genital surgery was denied, she reported “I wanted to die . . . There was no hope, the hope was gone.” She stated that finding out about the denial increased her dysphoria, notably when she first found out about the denial and she would get out of the shower and “look down and see it doesn’t match.” She said she considered “cutting it off and going to a hospital,” but that she understood that this was not the best option for her health or for the desirable outcome physically, especially if she is able to obtain surgery in the future. She reported that her suicidal ideation was frequent for several months after her denial of surgery and that she used alcohol as a coping mechanism. She reported having more hope as a result of being involved in the lawsuit and indicated that she is no longer using alcohol to cope. Although she is no longer using alcohol to cope and her suicidal ideation has decreased, she described experiencing “the worst anxiety that anyone can have” regarding her dypshoria and that she anticipated her mental health would significantly decline if she is not able to have surgery in the short term.

***Clinical Assessment of Cody Flack***

50. I met with Cody Flack in Green Bay, Wisconsin on May 5, 2018 to conduct a clinical interview and administer psychological assessments.

51. I used the following instruments for the clinical assessment of Mr. Flack: DSM-5 Diagnostic Interview, Severity of Generalized Anxiety Disorder (Craske et al., 2013), Severity of Posttraumatic Stress Symptoms (NSESSS) (Kilpatrick et al., 2013), Severity Measure for Social Anxiety Disorder (Social Phobia) (Craske et al., 2013), Severity Measure for Panic Disorder (Craske et al., 2013), and Gender Minority Stress and Resilience Measure (Testa et al., 2015).

52. Mr. Flack is a 30-year-old white man who identifies as male and was assigned a female gender when he was born.

53. Mr. Flack indicated a history of physical health concerns, starting from birth. He reported that he was born prematurely (at 26 weeks) and as a result, likely experienced oxygen deprivation resulting in a diagnosis of cerebral palsy as a toddler. He reported that he continues to experience health concerns related to cerebral palsy and that his symptoms have worsened since 2013.

54. Mr. Flack reported a history of mental health concerns throughout his lifetime, but remembers significant concerns starting at the age of 8 when he attempted suicide for the first time. He indicated that the reasons for the attempt are likely related to gender dysphoria.

55. Mr. Flack stated that he began to have a sense of his gender identity around the age of 4 or 5 and knew that he felt “different” related to his gender, but did not know what it was about his gender that felt that way. He reported that his dysphoria significantly worsened when he started puberty, around the age of 10. He stated that “it felt all kinds of wrong.” He reported three additional suicide attempts from the ages of 12-16. He reported that these suicide attempts

resulted in hospitalizations; he also reported there were 5 additional hospitalizations that were related to self-injurious behavior. He reported that these attempts were specifically related to his gender dysphoria.

56. Mr. Flack noted that at the age of 17, he found out about the label “transgender,” and felt that he finally had an answer for what was going on for him internally. He indicated that he began a social transition at the age of 17, where he cut his hair, wore men’s clothes, and changed his outward appearance to be more masculine. He said that he sought out a medical doctor to assist him with a medical transition when he was 18, but that he and his doctor were concerned about a lack of family support, so he paused his medical transition. Mr. Flack indicated that he felt as though he could not transition, based on family expectations, internalized stigma, and fears of how he would be treated as a transgender person.

57. Mr. Flack said that he “hit a wall” around 2012 where he knew that he “had to be out.” He spent the next couple of years moving forward with a social transition and moving to Wisconsin to receive the support he needed to be himself. He reported that he began testosterone in August 2016 and experienced “immediate relief.” He indicated that he experienced a lessening of dysphoria. As well, he had a hysterectomy and oophorectomy for premenstrual dysphoric disorder (PMDD) in October 2016, which resulted in additional lessening of both mental health symptoms and gender dysphoria.

58. Based on the clinical assessment, Mr. Flack meets criteria for gender dysphoria and several mental health disorders (generalized anxiety disorder (300.02) and social anxiety disorder (300.23) with panic attacks, and unspecified feeding or eating disorder (307.50)), each of which is related, at least in part, to his gender dysphoria.

59. Regarding gender dysphoria, Mr. Flack meets all 6 symptoms of Criterion A. He reported that he began acknowledging incongruence with his gender assigned at birth and his male identity when he was between 4 and 5 years old and that he feels entirely male (symptoms 1 and 4). He indicated that he has taken steps to change aspects of his body (symptoms 2 and 3), such as taking hormone therapy, having surgery of his reproductive organs, and seeking chest surgery. He indicated that his primary source of dysphoria comes from his chest. He also describes a strong desire to be treated as a man (symptom 5), and that when he is misgendered due to his gender identity, he experiences significant dysphoria. He also reports “typical feelings and reactions” that are in alignment with his gender identity (symptom 6). For Criterion B, Mr. Flack reported significant distress in functioning, primarily in social functioning. He indicated that he becomes so concerned with what others are thinking about him and how they are judging him that he becomes “mute” and is unable to talk. He stated that he fears that others will misgender him or focus on his chest and that causes significant impairment in his social functioning. He reported that, in order to consider being in a social situation, he takes anxiety medication to manage the stress involved. His overall functioning is also impacted by experiencing a lack of sleep based on anxiety that is related to his gender dysphoria.

60. Mr. Flack reported that he “worries about everything all of the time.” He indicated that he has been experiencing generalized anxiety “for as long as I can remember.” When describing his symptoms, he reported meeting all six criteria for generalized anxiety disorder. There are specific times when his generalized anxiety is amplified. For example, when he experiences additional dysphoria, discrimination, or misgendering, it increases his worries about aspects of other parts of his life. At the time of the clinical interview, he reported that his anxiety was the mental health concern that was most present. He indicated that he finds it

difficult to control his worry. His anxiety symptoms include increased muscle tension (that is separate from pain symptoms from his cerebral palsy), difficulty sleeping, irritability, mental restlessness, and difficulty with concentration and his “mind going blank.” He indicated that generalized anxiety has a significant impact on his functioning, specifically that his difficulty sleeping impacts many aspects of his life and that the physical symptoms impact his general well-being.

61. In addition to generalized anxiety, Mr. Flack indicated that he experiences social anxiety. He reported meeting all 10 criteria for social anxiety disorder. Notably, that he fears almost every social situation that he encounters. He reported that he usually takes Lorazepam (a quick-acting anti-anxiety medication) if he knows that he will be in a social situation (apart from people he knows well and is close with). He indicated that if he encounters a group situation, he has trouble verbalizing and will “go mute unintentionally” or he feels like his voice will not work properly. He stated that he fears that he is going to be judged by others based on his gender identity or that he will be misgendered, and he fears that he will be rejected by others. He indicated there is some anxiety related to others’ perceptions of him being in a wheelchair and the judgments they make based on his disability status, but he indicated that these fears feel distinct and that the social anxiety related to his gender identity is the primary contributor to his anxiety. He indicated that he avoids many social situations due to his anxiety and that this social anxiety has lasted “as long as I can remember” and that it became more intense when puberty began. He indicated there was a small decrease in his symptoms when he began taking testosterone and his voice lowered, but that the dysphoria related to his chest has currently increased his anxiety symptoms.

62. Mr. Flack reported experiencing panic attacks “a few times a week” and that they started so long ago, he does not remember when the first one began. He reported the following panic symptoms being most present when he has a panic attack: heart pounding and racing, difficulty breathing, trembling and shaking, nausea and abdominal distress, numbness and tingling sensations, derealization, feeling like he is losing control and “going crazy,” and sometimes feeling like he is dying. He reported that he does not typically associate panic with avoidance, but that he will sometimes avoid situations where he worries he will be misgendered or harassed because of his gender identity in order to avoid a panic attack (and the possibility of maltreatment).

63. In addition to his anxiety and panic, Mr. Flack reported symptoms of an eating disorder. He reported that his current diagnosis from his mental health provider is unspecified feeding or eating disorder (307.50), also known as UFED. Mr. Flack indicated that he engages in behaviors where he restricts his food intake and will occasionally engage in bingeing and purging eating behaviors. He reported that he has an intense fear of gaining weight, specifically because he worries that his chest size will increase or that he will appear more feminine. He noted that his primary concern related to weight gain is focused on his chest becoming larger, but that he also believes that his eating disorder is not solely related to gender dysphoria. He reported that he first began binge eating behaviors when he was 8 years old, but that when he was around 12 or 13 years old he thought “being fat makes me more feminine” and then started restricting and fasting along with purging. He indicated that he does not binge and purge with any regularity and that it may depend on how much he has been eating and his caloric intake. He indicated that he may purge only one time every couple of weeks to multiple times a day. He was given a diagnosis of

UFED instead of other feeding or eating disorders because his gender dysphoria related to his chest is one of the primary causes of his eating disorder.

64. As noted above, most of Mr. Flack's symptoms are related to gender dysphoria or how he is treated as a transgender person. For example, he attributes his generalized anxiety symptoms to gender-related distress (being misgendered or rejected) and notes that the majority of his social anxiety is related to how others are perceiving and treating him based on his gender identity. He also noted that most of his eating disorder symptoms are directly related to his chest dysphoria.

65. I conducted a full psychological evaluation with Mr. Flack to determine the state of his overall current mental health and his mental health history. As a part of this evaluation, I asked him specific questions regarding any harm that was a result of his inability to obtain surgery. As noted below, he reported specific and direct psychological harm by not being able to obtain surgery and by the specific denial of surgery based on his gender identity.

66. Mr. Flack reported that his request for Medicaid coverage for chest reconstruction surgery (double mastectomy and male chest reconstruction) was denied in mid-2017. When I asked Mr. Flack what his response was when he found out his surgery request was denied, he indicated that he had a panic attack when he read the denial letter. He stated that it took him quite some time to calm down. He reported that he felt that "there was no hope and felt like there was no point in living. I'll always be stuck like this." He reported that he contemplated suicide and the possibility of performing chest surgery himself, but decided not to take action on it once he was able to get support from his partner. He reported that his anxiety has only increased since finding out about the denial of his surgery and that he feels extremely distressed because "I am not able to live my life to the fullest extent" because of the dysphoria from his chest.

67. Mr. Flack noted that if he is not able to obtain surgery, he believes he will only continue to experience deterioration in mental health symptoms. He noted that he experiences significant symptoms, even with having hope that he will have surgery in the future. He reported that he imagines that his eating disorder will worsen, due to his fear of his chest becoming larger and that his depression and suicidal ideation will overcome his anxiety symptoms. When I discussed this with Mr. Flack's therapist, Mr. Bergman, Mr. Bergman also mentioned anticipation that Mr. Flack's mental health concerns will worsen over time.

### **Opinions and Conclusions**

68. The state of Wisconsin has indicated that its premise for excluding transgender medical care is that it is never medically necessary. The evidence is clear regarding medical necessity for this care. As indicated above, *every* major psychological and medical association in the United States has publicly announced that transition-related medical and mental health care is essential for improving mental health for numerous transgender individuals. The leading international organization focused on transgender health (World Professional Association for Transgender Health) has provided a large body of evidence showing why transgender health care is considered medically necessary (see Coleman et al., 2012) and this declaration provides recent research that continues to confirm the efficacy and essential nature of these treatments.

69. The research evidence indicates that there is no reason to exclude all transition-related care for transgender people. Blanket exclusions of transition-related care have been reversed due to current understanding regarding transgender identity and the medical necessity of gender-confirming procedures. For example, in 2014, the U.S. Department of Health and Human Services lifted a ban on these exclusions for Medicare beneficiaries for two reasons: (1) that the research establishes that gender confirmation surgery is safe, effective, and efficacious, and (2)

that because it is safe, effective, and efficacious, “exclusions of coverage are not reasonable” (Padula, Heru, & Campbell, 2016, p. 395).

70. It is my clinical opinion that both Mr. Flack and Ms. Makenzie provided sufficient information to indicate that gender confirmation surgery would be medically necessary for them to experience improved well-being. Even though not every transgender person will need hormones and/or surgery to experience a reduction in dysphoria, it is my clinical opinion that both plaintiffs will not experience a reduction in dysphoria (related specifically to their body parts and to being misgendered) without having surgery.

71. Both plaintiffs reported significant distress that was directly related to the denial of surgery that cannot be accounted for based on any other physical or mental health concerns.

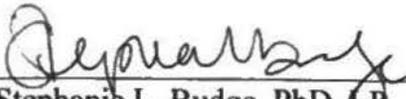
72. It is my clinical opinion that if neither plaintiff is able to obtain gender confirmation surgery, they will continue to experience a significant negative impact on their mental health (currently and in the future). In the short term, the denial of the surgery has caused significant distress for both plaintiffs. For Ms. Makenzie, she reported an increase in symptoms associated with PTSD and dysphoria that were specifically related to the denial. She indicated abusing alcohol as a coping mechanism and contemplated suicide and self-injury. She stated that she currently has hope that litigation will change her access to surgery, thus her well-being has improved slightly. However, based on the information she provided to me, it is my opinion that if she is not able to have surgery, she would experience a lifetime of debilitating symptoms. When asked how she would feel if she could not have surgery, she indicated: “It makes me feel suicidal. It makes me want to die.” She also reported that her confidence related to people understanding that she is a woman (which is directly tied to genital reconstruction) impacts her daily functioning, where she is not able to work, have social relationships, and complete daily

tasks. It is likely that her difficulty functioning will either remain the same or worsen as time goes on.

73. Similar to Ms. Makenzie, if Mr. Flack is not able to obtain gender confirmation surgery, the negative impact on his short-term and long-term mental health will be significant. Mr. Flack reported that his most substantial mental health symptoms are directly related to gender dysphoria—specifically, dysphoria related his chest. He currently attempts to reduce his dysphoria with disordered eating so he can restrict chest growth; the long-term impact of the behaviors associated with his disordered eating (specifically purging) will be detrimental to his mental and physical health. At this time, he does not see treatment for his eating disorder as an option because “the only other option is cutting off my chest.” In addition to his eating disorder, the anxiety he experiences related to his dysphoria currently impacts his life functioning and will only continue to do so. At the moment, his anxiety symptoms are most present, but he anticipated that if he is not able to have surgery, it is my professional opinion that his depressive symptoms would likely take precedence. In the past, his depression has been associated with suicidal ideation and self-injury, and it is reasonable to assume that these symptoms would be exacerbated and result in long-term harm if he remains unable to have surgery.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 15 day of May, 2018.

  
Stephanie L. Budge, PhD, LP

## **EXHIBIT A**

### **Bibliography**

## Bibliography

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**EXHIBIT B**

**C.V. of Stephanie L. Budge, PhD, LP**

**Stephanie L. Budge, PhD, Licensed Psychologist**  
**Curriculum Vitae**

Department of Counseling Psychology, School of Education, Room 305, University of  
Wisconsin-Madison, Madison, WI 53706, 608-262-4807, [budge@wisc.edu](mailto:budge@wisc.edu)

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**EDUCATION**

- Doctor of Philosophy** 8/2006 - 8/2011  
University of Wisconsin-Madison  
APA Accredited Counseling Psychology Program  
Minor: Psychological Assessment  
Dissertation Title: *Distress in the transition process for transgender individuals: The role of loss, community, and coping.*
- Master of Science** 8/2004 - 5/2006  
University of Texas at Austin  
Educational Psychology  
Thesis Title: *Sexual pressure in gay, lesbian, and bisexual relationships.*
- Bachelor of Science** 1/2003 - 12/2003  
University of Utah  
Major: Psychology
- Pace University 9/2000 - 12/2002  
Major: Psychology  
Minor: Women's and Gender Studies

**POSITIONS HELD**

- Health Psychologist** 6/2017 - current  
University of Wisconsin Hospital & Clinics  
American Family Children's Hospital
- Assistant Professor**, tenure-track, 8/2016 - current  
Department of Counseling Psychology,  
University of Wisconsin-Madison
- Assistant Professor**, visiting, 8/2014 - 7/2016  
Department of Counseling Psychology,  
University of Wisconsin-Madison
- Postdoctoral Clinical Training** 7/2013 - 6/2014  
University of Louisville Trans Project

**Assistant Professor**, tenure-track, **8/2011 - 8/2014**  
Department of Educational and Counseling Psychology,  
University of Louisville

**Postdoctoral Clinical Training**, **9/2011 - 8/2012**  
University of Louisville Counseling Center

**Predoctoral Internship**, **8/2010 - 8/2011**  
University of Minnesota, University  
Counseling and Consulting Services,  
APA-Accredited, APPIC listed predoctoral internship

### **PROFESSIONAL LICENSE**

Licensed Psychologist in Wisconsin - 3244-57 **2/2015 - current**

Licensed Psychologist in Kentucky - 2012-42 **8/2011 - 6/2014**  
(under supervision to gain hours for Health Service Provider status)

### **SPECIAL HONORS AND AWARDS**

**Community Engaged Scholar Award** **4/2018**  
The University of Wisconsin-Madison School of Education Award for research conducted in conjunction with a community organization to benefit underserved or underrepresented populations.

**Outstanding Paper Award** **6/2017**  
American Psychological Association Division 17 (Counseling Psychology) award for a 2016 major contribution published in *The Counseling Psychologist*

**Division 17 Early Career Award** **7/2015**  
American Psychological Association Division 17 (Counseling Psychology) award for social justice work and research with LGBT populations

**Division 29 Early Career Award** **5/2015**  
American Psychological Association Division 29 (Society for the Advancement of Psychotherapy) award for psychotherapy research

**Most Valuable Paper Award (Runner Up)** **1/2014**  
American Psychological Association Division 29 (Society for the Advancement of Psychotherapy) runner up award for a 2013 article published in *Psychotherapy*

**University of Louisville Trustees Award Nomination** **2/2013**  
Nomination provided to faculty for excelling in mentoring students

**Outstanding Graduate Student Award** 7/2010  
American Psychological Association Division 17 (Counseling Psychology) LGBT award given for community contributions with the LGBT population during my doctoral studies

**Graduate Student Research Award** 7/2010  
American Psychological Association Division 17 (Counseling Psychology)  
Society for Vocational Psychology/ACT for career research regarding transgender individuals

**Transgender Research Award** 6/2010  
Recipient of the inaugural American Psychological Association Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues) award for research with transgender populations

**John W. M. Rothney Memorial Research Award** 2/2010  
University of Wisconsin-Madison Counseling Psychology Department award provided to an outstanding doctoral student excelling in research

**Outstanding Student Poster Award** 8/2009  
American Psychological Association Division 17 (Counseling Psychology)

## RESEARCH

### JOURNAL PUBLICATIONS

Underlining denotes student, \* denotes peer reviewed publication, ° denotes invited publication

1. \***Budge, S.L.**, Orovecz, J., Owen, J.J., & Sherry, A.R. (In Press). The relationship between conformity to gender norms, sexual orientation, and gender identity for sexual minorities. *Counselling Psychology Quarterly*. (Available online ahead of print.)
2. \*Salkas, S., Conniff, J. & **Budge, S.L.** (In Press). Provider quality and barriers to care for transgender people: An analysis of data from the Wisconsin transgender community health assessment. *International Journal of Transgenderism*. (Available online ahead of print.)
3. \*Katz-Wise, **Budge, S.L.** Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B...Leibowitz, S. (In Press). Transactional pathways of transgender identity development in transgender and gender nonconforming youth and caregiver perspectives from the Trans Youth Family Study. *International Journal of Transgenderism*. (Available online ahead of print.)
4. \*Nienhuis, J. B., Owen, J., Valentine, J. C., Black, S. W., Halford, T. C., Parazak, S. E., **Budge, S.**, & Hilsenroth, M. J. (in press). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*. (Available online ahead of print.)
5. \***Budge, S.L.**, Israel, T., Merrill, C. (2017). Improving the lives of sexual

- and gender minorities: The promise of psychotherapy research. *Journal of Counseling Psychology*, 64, 376-384.
6. \***Budge, S.L., Chin, M.Y., & Minero, L.P.** (2017). Trans individuals' facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology*, 64, 12-25.
  7. ° Imel, Z.E., **Budge, S.L., & Owen, J.** (2017). Introduction to special section on advanced methodology: Counseling the dog to wag its methodological tail. *Journal of Counseling Psychology*, 64, 601-603.
  8. \*Katz-Wise, S. L., Williams, D. N., Keo-Meier, C. L., **Budge, S. L.**, Pardo, S., & Sharp, C. (2017). Longitudinal associations of sexual fluidity and health in transgender men and cisgender women and men. *Psychology of sexual orientation and gender diversity*, 4, 460-471
  9. ° Matsuno, E. & **Budge, S.L.** (2017). Non-binary/genderqueer identities: A critical review of the literature. *Current Sexual Health Reports*, 9, 116-120.
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  11. \***Budge, S.L.** & dickey, I.m. (2017). Barriers, challenges, and decision-making in the letter writing process for gender transition. *Psychiatric Clinics*, 40, 65-78.
  12. \*Katz-Wise, S.L., **Budge, S. B., Orovecz, J.O.**, Nguyen, B., & Thompson, K. (2017). Imagining the Future: Qualitative findings of future orientation from the Trans Youth Family Study. *Journal of Counseling Psychology*, 64, 26-40.
  13. ° **Budge, S.L.** (2016). To err is human: An introduction to the special issue on clinical errors. *Psychotherapy*, 53, 255-256.
  14. \***Sinnard, M., Raines, C., & Budge, S.L.** (2016). The association between geographic location and anxiety and depression in transgender individuals: An exploratory study of an online sample. *Transgender Health*, 1, 181-186.
  15. \***Budge, S.L.** & **Pankey, T.L.** (2016). Ethnic differences in gender dysphoria. *Current Psychiatry Reviews*, 12, 175-180.
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  19. \*Tebbe, E.A. & **Budge, S.L.** (2016) Research with transgender communities: Applying a process-oriented approach to methodological considerations and research recommendations. *The Counseling Psychologist*, 44, 996-1024.
  20. \*Moradi, B., Tebbe, E., Brewster, M., **Budge, S.L., Lenzen, A., Enge, E., Painter, J.** (2016). A content analysis of trans people and issues: 2002-2012. *The Counseling Psychologist*, 44, 960-995.
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32. \***Budge, S.L.**, Rossmann, H.K., & Howard, K.H. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling*, 8, 95-117.
33. \***Budge, S.L.**, Moore, J.T., Del Re, A.C., Wampold, B.E., Baardseth, T.P., & Nienhuis, J.B. (2013). The effectiveness of evidence-based treatments for personality disorders when comparing treatment-as-usual and bona fide treatments. *Clinical Psychology Review*, 33, 1057-1066.
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35. \*Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2013). Individuation or identification? Self-objectification and the mother-adolescent relationship. *Psychology of Women Quarterly*, 37, 366-380.
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38. \***Budge, S. L.**, Katz-Wise, S. L., Tebbe, E., Howard, K.A.S., Schneider, C. L., & Rodriguez, A. (2013). Transgender emotional and coping processes: Use of facilitative and avoidant coping throughout the gender transition. *The Counseling Psychologist, 41*, 601-647.
39. \*Valdez, C. R. & **Budge, S.L.** (2012). Addressing adolescent depression in schools: Effectiveness and acceptability of an in-service training for school staff in the United States. *International Journal of Educational Psychology, 1*, 228-25.
40. \*Wampold, B.E., & **Budge, S.L.** (2012). The relationship—and its relationship to the common and specific factors of psychotherapy. *The Counseling Psychologist, 40*, 601-623.
41. \*Wampold, B.E., **Budge, S.L.**, Laska, K. M., Del Re, A.C., Baardseth, T.P., Fluckiger, C., Minami, T., Kivlighan, M., & Gunn, W. (2011). Evidence-based treatments for depression and anxiety versus treatment-as-usual: A meta-analysis of direct comparisons. *Clinical Psychology Review, 31*, 1304-1315.
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43. \*Wampold, B.E., Benish, S.G., Imel, Z.E., Miller, S.D., Laska, K., Del Re, A.C., Baardseth, T.P., & **Budge, S.L.** (2010). What works in the treatment of PTSD? A response to Ehlers et al. *Clinical Psychology Review, 30*, 269-276.
44. \***Budge, S. L.**, Tebbe, E. N. & Howard, K. A. S. (2010). The work experiences of transgender individuals: Negotiating the transition and coping with barriers. *Journal of Counseling Psychology, 57*, 377-393.
45. \*Howard, K. A. S., **Budge, S. L.**, Gutierrez, B., Lemke, N. T., & Owen, A. D. (2010) Future plans of urban youth: Influences, perceived barriers, and coping strategies. *Journal of Career Development, 37*, 655-676.
46. ° **Budge, S. L.**, Baardseth, T. P., Wampold, B. H., & Fluckiger, C. (2010). Researcher allegiance and supportive therapy: Pernicious affects on results of randomized clinical trials. *European Journal of Counselling and Psychotherapy, 12*, 23-39.
47. \*Howard, K. A. S., **Budge, S. L.**, & McKay, K. M. (2010). Youth exposed to violence: The role of protective factors. *Journal of Community Psychology, 38*, 63-79.
48. \***Budge, S. L.** (2006) Peer mentoring in post-secondary education: Implications for research and practice. *Journal of College Reading and Learning, 37*, 71-85.

## **BOOK CHAPTERS**

1. ° **Budge, S.L.** & **Orovecz, J.J.** (2017). Gender fluidity. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 660-662). Thousand Oaks, CA: SAGE.
2. ° **Budge, S.L.** & **Pankey, T. L.** (2017). Interpersonal therapies and gender. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 961-964). Thousand Oaks, CA: SAGE.

3. ° **Budge, S.L.** & salkas, s. (2017). Experiences of transgender people within the LGBT community. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1073-1075). Thousand Oaks, CA: SAGE.
4. ° **Budge, S.L.** & Thai, J.L. (2017). Coming out processes for transgender people. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 357-360). Thousand Oaks, CA: SAGE.
5. ° **Budge, S.L.** & Sinnard, M. (2017). Trans. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1685-1685). Thousand Oaks, CA: SAGE.
6. ° Akinniyi, D. & **Budge, S.L.** (2017). Biological sex and mental health outcomes. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 161-165). Thousand Oaks, CA: SAGE.
7. ° Lam, J. & **Budge, S.L.** (2017). Help-seeking behaviors and men. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 832-834). Thousand Oaks, CA: SAGE.
8. ° Jones, T., Chin, M.Y., & Budge, S.L. (2017). Sororities. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1611). Thousand Oaks, CA: SAGE.
9. ° Sun, S. & **Budge, S.L.** Women's group therapy. (2017). In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1829-1830). Thousand Oaks, CA: SAGE.
10. ° Sun, S., Minero, L., & Budge, S.L. (2017). Multiracial people and gender. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1208-1212). Thousand Oaks, CA: SAGE.
11. ° Alexander, D., Hunter, C., & Budge, S.L. (2017). Experiences of women in religious leadership. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1813-1815). Thousand Oaks, CA: SAGE.
12. ° **Budge, S.L.** (2017). Genderqueer. In A. Goldberg (Ed.) *The SAGE Encyclopedia of LGBTQ Studies* (pp. 460-463). Thousand Oaks, CA: SAGE.
13. ° **Budge, S.L.** & Snyder, K.E. (2016). Sex-related differences research. In A. Goldberg (Ed.) *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies* (pp. 2125-2129). Thousand Oaks, CA: SAGE.
14. ° **Budge, S. L.**, & Wampold, B. E. (2015). The relationship: How it works. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcomes* (pp. 213-228). Dordrecht: Springer.

### **PUBLICATIONS IN REVISION AND UNDER REVIEW**

1. **Budge, S.L.** & Moradi, B. (Under Review). *A meta-analytic approach to studying psychotherapy outcomes focused on transgender affirmative therapies and power dynamics.*
2. Moradi, M. & **Budge, S.L.** (Under Review). *A meta-analytic approach to studying psychotherapy outcomes for LGBTQ affirmative therapies.*
3. **Budge, S.L.** & Moradi, B. (Under Review). *Gender Identity.*
4. Moradi, B. & **Budge, S.L.** (Under Review). *Sexual Orientation.*
5. Rossman, K., Sinnard, M., & **Budge, S.L.** (Under Review). *A qualitative examination of consideration and practice of consensual non-monogamy among sexual and gender minority couples.*

6. **Budge, S.L.**, Katz-Wise, S.L., Conniff, J., Braden, T., Belcourt, W.S., Parks, R. L. (Under Review). *Coping processes for transgender youth.*
7. **Budge, S.L.**, Katz-Wise, S. L., & Owen, J.J. (Under Review) *Sexual minorities' sexual communication, internalized homophobia, and conformity to gender norms.*
8. Goldberg, A.E., Kuvalanka, K.A., **Budge, S.L.**, Benz, M. & Smith J. (Under Review). *Mental health and health care experiences of trans students in higher educational settings: a mixed methods study.*
9. Hambrick, M., Cintron, A., Apegoraro, L., & **Budge, S.L.** (Under review). *I Am Cait: An analysis of the top-down and bottom-up framing of Caitlyn Jenner's ESPY Awards speech.*
10. Thai, J.L., **Budge, S.L.**, & Adelson, J. L. (Under review) *The impact of family and identity on suicidality and substance abuse in trans Asian and Pacific Islander individuals.*
11. Walinsky, D. & **Budge, S.L.** (Under Review) *Gender binaries, workplace discrimination and satisfaction, and delayed gender transition.*

### **MANUSCRIPTS IN PROGRESS**

1. **Budge, S.L.**, Sinnard, M.T., & Rossmann, H.K. *Queering emotions: A content analysis of non-binary and genderfluid individuals' experiences of affect.*
2. **Budge, S.L.**, Rossmann, H.K., & Sinnard, M.T. *A grounded theory analysis of the relationship between emotions and internal identity processes for non-binary and genderfluid individuals.*
3. Rossmann, H.K., Sinnard, M.T., salkas, s., & **Budge, S.L.** *Genderfluid and non-binary individuals' experiences of external identity processes and emotion labels.*
4. **Budge, S.L.**, Orovecz, J.O., Barr, S.M., & Keller, B.L. *Affirmative emotional processes for transgender women: A qualitative analysis.*
5. **Budge, S.L.**, Stahl, A., Alexander, D., salkas, s., Orovecz, J. *The identity formation of genderqueer individuals.*
6. **Budge, S.L.**, Akinniyi, D., Alexander, D., Stahl, A., salkas, s., Orovecz, J. *Analyzing the understanding of multiple identities for genderqueer individuals.*
7. **Budge, S.L.** Barr, S.M., & Snyder, K. *A dynamic systems approach to exploring the development of transgender identity.*
8. Rossmann, H.K., Eleazer, J., Gervasi, C., & **Budge, S.L.** *A qualitative analysis of transgender individuals' perceptions of privilege.*
9. Hunter, C. & **Budge, S.L.** *The moderating effect of race related to discrimination for transgender individuals.*
10. Alexander, D. & **Budge, S.L.** *The impact of partner support on symptoms of anxiety for trans women, trans men, and genderqueer individuals.*
11. Eleazer, J. & **Budge, S.L.** *Transgender military service-members' experiences of identity and vocational integration.*
12. Solberg, V.S., **Budge, S.L.**, Phelps, A., Durham, J., Haakenson, K., & Timmons, J. *The perceived utility and value of Individualized Learning Plans: Parent, educator, and student perspectives.*

13. Solberg, V.S., **Budge, S.L.**, & Halverson, E. *Identifying the nature of career decision-making patterns and their impact on career, academic and social/emotional outcomes: A mixed methods approach.*

### **MINOR PUBLICATIONS AND TECHNICAL REPORTS**

1. Solberg, V. S., Gresham, S. L., & **Budge, S. L.** (2009, December). *ECDM validation study-II*. Center on Education and Work (CEW), University of Wisconsin – Madison. Submitted to Guidance Branch, Singapore Ministry of Education.
2. Solberg, V. S., Gresham, S. G., **Budge, S. L.**, Phelps, A. L., Haakenson, K., & Durham, J. (2009, September). *NCWD/Youth research and demonstration project on Individualized Learning Plans*. Center on Education and Work (CEW), University of Wisconsin-Madison. Submitted to the National Collaborative on Workforce and Disability/Youth.
3. Solberg, V. S., Lindwall, J., **Budge, S. L.**, Schneider, C. L., Deloya, J., Halley, K., & Hatfield, P. (2009, August). *Report on the Mental Health Concerns among the Students in the Madison Metropolitan School District*. Center on Education and Work (CEW), University of Wisconsin– Madison. Submitted to the Madison Metropolitan School District.
4. Solberg, V. S., **Budge, S. L.**, Phelps, L. A. (2009, August). *Phase II Portal: Focus Group Discussion*. Center on Education and Work (CEW), University of Wisconsin – Madison. Submitted to Guidance Branch, Singapore Ministry of Education
5. Valdez, C. R., & **Budge, S. L.** (2008). *Program evaluation of “It’s Time! Adults Addressing Youth and Teen Depression.”* InHealth Wisconsin, Milwaukee, WI.
6. Lin, M. & **Budge, S.** (2007). Exploring the impact of race and class on the First Year in Counseling Psychology 115. *Our First Year Experience*, 2, 3-4.

### **RESEARCH SUPPORT**

#### **Fall Research Competition**

**6/2018 – 6/2019**

University of Wisconsin-Madison

\$34,000 - **funded**

Research project determining the effectiveness of psychotherapy interventions focused on minority stressors for transgender clients.

Role: PI

#### **National Institute of Health**

**1/2018 - current**

NICHHD, R01, \$500,000 - **submitted**

Study focused on promoting well-being among transgender and gender non-conforming youth and identifying salient contextual factors.

Role: Collaborator

#### **UW Institute for Clinical Research (ICTR)**

**6/2017 – 6/2018**

**Health Equity and Diversity (AHEAD) research pilot award**

\$10,000 - **funded**

Research project determining the effectiveness of psychotherapy interventions focused on

minority stressors for transgender clients.

Role: PI

**National Institute of Health** **1/2017 – 1/2019**

Structured pubertal suppression readiness assessment for gender dysphoric youth.

NICHD, R21, \$206,028

Role: Collaborator

**Fall Research Competition** **5/2017 - 9/2018**

University of Wisconsin-Madison

\$60,000 - **funded**

Supplemental research project for the NIH grant (listed below) focusing on pubertal suppression for transgender youth.

Role: PI

**National Institute of Health** **11/2016**

NICHD, K23, \$666,769 - **scored**, unfunded

Study focusing on the effects of pubertal suppression on affect and emotion regulation for transgender youth.

Role: PI

**Wisconsin Partnership Program** **6/2016 – 6/2018**

Community Opportunity Grant

\$50,000 - **funded**

A grant that assists with opportunities focused on transgender health and equity in health care.

Role: Collaborator

**UW Institute for Clinical Research (ICTR)** **6/2016 – 6/2018**

**Health Equity and Diversity (AHEAD) research pilot award**

\$10,000 - **funded**

Research project advancing the Wisconsin Survey of Trans Youth: An Assessment of Resources and Needs.

Role: Co-investigator

**Patient Centered Outcome Research Initiative (PCORI)** **5/2016**

Engagement Award

\$250,000 - **scored**, unfunded

Creating a collective for integrating psychological health, education, and research for LGBTQ therapies (CIPHER LGBTQ)

Role: Co-PI

**Faculty Research Development Grant** **10/2012 - 10/2013**

College of Education and Human Development

University of Louisville

\$2,200 - **funded**

Research project testing psychotherapy process and outcomes for transgender individuals.  
Role: PI

**Faculty Research Development Grant**

**9/2011- 9/2012**

College of Education and Human Development

University of Louisville

\$2,200 - **funded**

Research project regarding positive experiences of transgender identity and inter-  
sectionality of identities with genderqueer individuals.

Role: PI

**Charles J. Gelso Research Grant**

**6/2010 – 6/2012**

American Psychological Association (Division 29)

\$2,000 - **funded**

Meta-analysis project focusing on personality disorders and treatment effectiveness.

Role: PI

**INTERNATIONAL PRESENTATIONS**

°Invited; Underlining denotes student;

1. **Budge, S.L.** & Katz-Wise, S.L. (2016, July). *Emotional expression of trans youth and their families: A cross-comparison of familial cultures for gender and emotions*. Paper presented at the International Congress of Psychology Conference, Yokohama, Japan.
2. Chin, M.Y., Minero, L., & Budge, S.L. (2016, July). “*This is me, and I am happy. I love it*”: *Understanding Internal Coping Processes of Trans-identified Individuals using Grounded Theory*. Paper presented at the International Congress of Psychology Conference, Yokohama, Japan.
3. **Budge, S.L.,** Katz-Wise, S.L., Conniff, J., Belcourt, S., & Parks, R. (2016, July). *Developmental processes of coping for trans youth: Results from the Trans Youth and Family Study (TYFS)*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
4. Sinnard, M., Raines, C., & Budge, S.L. (2016, July). *Effects of location and transition status on anxiety and depression in trans individuals*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
5. **Budge, S.L.** & salkas, s. (2016, July). *An overview of non-binary gender identities in the National Transgender Discrimination Survey*, Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
6. Orovecz, J., salkas, s., & Budge, S.L. (2016, July). *External identity processes for individuals with non-binary identities*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
7. Rossman, K., Sinnard, M., & Budge, S.L. (2016, July). *The externalization of affect for individuals with non-binary gender identities*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.

8. Hase, C.N., Reiland, M.T., **Budge, S.L.** (2015, August). *“Omitting none:” Experience of people of color in a primarily white meditation community.* Poster presented at American Psychological Association. Toronto, ON.
9. Akinniyi, D.A. & **Budge, S.L.** (2015, August). *Genderqueer individuals’ conceptualizations of multiple identities: A qualitative investigation using identity maps.* Paper presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
10. Sinnard, M. & **Budge, S.L.** (2015, August). *Effects of location and transition status on anxiety and depression in trans individuals.* Poster presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
11. Watkins, C.E., **Budge, S.L.**, & Wampold, B.E. (2015, August). *Extrapolating the Wampold/Budge psychotherapy relationship model to psychotherapy supervision.* Paper presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
12. **Budge, S.L.** (2014, February). *Developmental processes of positive emotions for trans individuals: The interplay of interpersonal emotions and transition appraisal.* Paper presented at the World Professional Association for Transgender Health Biannual Conference, Bangkok, Thailand.
13. **Budge, S.L.**, Adelson, J.L., & Howard, K.A.S. (2014, February). *Transgender and Genderqueer individuals’ mental health concerns: A moderated mediation analysis of social support and coping.* Paper presented the World Professional Association for Transgender Health Biannual Conference, Bangkok, Thailand.

## NATIONAL PRESENTATIONS

°Invited; Underlining denotes student;

1. **Budge, S.L.** (2018, August). *The feasibility of a clinical trial focusing on trans individuals’ minority stress.* Paper to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
2. **Budge, S.L.**, Allen, B., Andert, B., Botsford, J., & Rehm, J. (2018, August). *Resources contributing to psychological well-being for trans youth: A CBPR Approach.* Paper to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
3. Dillard, S., Sinnard, M.T., **Budge, S.L.**, & Katz-Wise, S.L. (2018, August). *Triadic analysis of concordance and discordance in families of trans youth.* Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
4. Mauk, E., Guo, E., Stock, C., Eck, M., & **Budge, S.L.** (2018, August). *Minority stress interventions in a psychotherapy pilot trial for transgender clients.* Paper to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
5. Orzechowski, M., **Budge, S.L.**, Lavendar, A., Onsgard, K., Schamms, S., Liebowitz, S., & Katz-Wise, S.L. (2018, August). *Emotions of transgender youth.* Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.

6. Raines, C.R & **Budge, S.L.** (2018, August). *Measuring masculine sexual entitlement: Subscales of a new instrument*. Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
7. Sinnard, M.T, Orzechowski, M., Budge, S.L., Belcourt, S., Conniff, J., Orovecz, J., Parks, R., Sun, S., & Sutton, J. (2018, August). *Depression and anxiety among transgender compared to cisgender Individuals: A meta-analysis*. Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
8. Sinnard, M.T., Lewis, K., & Budge, S.L. (2018, August). *The effectiveness of psychotherapy for transgender clients: A randomized controlled trial*. Paper to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
9. Sun, S., Hoyt, W.T., & Budge, S.L. (2018, August). *Minority stress, HIV risk behaviors, and mental health among Chinese men who have sex with men (MSM): A qualitative analysis*. Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
10. Thomas, K.A., Andert, B., Ibarra, N., Budge, S.L., & dickey, I. (2018, August). *Non-suicidal self-injury in transgender individuals*. Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
11. Dyer, R., Budge, S.L., Rehm, J., Botsford, J., Andert, B., & Allen, B. (2018, August). *Rural-urban differences in perceived safety at school for Wisconsin trans youth*. Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
12. Raines, C.R & **Budge, S.L.** (2018, August). *Understanding the relationships between masculine sexual entitlement, masculinity, and violence*. Poster to be presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
13. Rehm, J., Botsford, J., **Budge, S.L,** Andert, B., & Allen, B. (2017, September). *Initial results of needs assessment for trans and gender expansive youth in Wisconsin*. Poster presented at the International Joint Meeting of Pediatric Endocrinology, Washington, D.C.
14. Minero, L.M. & **Budge, S.L.** (2017, February). *Experiences of exclusion and discrimination among undocutrans (undocumented and transgender) individuals in the united states and implications for mental health professionals*. Paper presented at the meeting for the United States Professional Association for Transgender Health, Los Angeles, California.
15. **Budge, S.L.** (2017, February). *Evaluating the effectiveness of psychotherapy with trans clients: using the working alliance inventory*. Paper presented at the meeting for the United States Professional Association for Transgender Health, Los Angeles, California.
16. **Budge, S.L.** (2016, August). *Psychotherapy interventions, process, and outcome with transgender and gender non-conforming clients*. Chair of invited symposium for Division 29 at the Annual Meeting for the American Psychological Association, Denver, Colorado.
17. **Budge, S.L.** (2016, August). *The impact of minority stress interventions on psychotherapy outcomes with a trans client*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.

18. Minero, L.M., Chin, M.Y., & Budge, S.L. (2016, August). *Transgender clients' reports of characteristics of effective and trans-competent therapists*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
19. **Budge, S.L.** (2016, August). *The state and future of psychotherapy research with transgender clients*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
20. Minero, L.M., Chin, M.Y., & Budge, S.L. (2016, August). *Understanding external coping processes of trans-identified individuals using grounded theory*. Poster presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
21. Salkas, S. & Budge, S.L. (2016, August). *An overview of US population-based data on individuals with non-binary gender identities*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
22. Alexander, D., Orovecz, J., Salkas, S., Stahl, A., & Budge, S. L. (2016, August). *Internal identity processes for individuals with non-binary identities*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
23. Rossman, K., Sinnard, M., & Budge, S.L., (2016, August). *The "queering" of emotions--using non-binary gender identity to label emotional processes*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
24. Barr, S. M. & Budge, S.L. (2016, August). *Experiences of self esteem and well-being for individuals with non-binary gender identities*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
25. Chase, A., Lam, J., & Budge, S.L. (2016, August). *Culture and masculine ideology: measuring masculinity among japanese american men*. Poster presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
26. Akinniyi, D. & Budge, S.L. (2016, August). *The student-athlete experience: Multiple minority statuses and discrimination*. Poster presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
27. **Budge, S.L.** (2016, August). *Identity processes, well-being, and emotional processes for individuals with non-binary identities*. Chair of symposium at the Annual Meeting for the American Psychological Association, Denver, Colorado.
28. Hase, C.N., Meadows, J.D., Budge, S.L. (2016, June). *Inclusion and exclusion in the white space: An investigation of the experiences of people of color in a primarily white american meditation community*. Poster presented at Mind & Life Summer Research Institute. Garrison, NY.
29. **Budge, S.L.** (2015, June). *The effectiveness of psychotherapeutic treatments for personality disorders: A review and critique of current research practices*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
30. Kring, M. & Budge, S.L. (2015, June). *Re-evaluating outcomes in psychotherapy: Considerations beyond self-report*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
31. Owen, J. J., Wampold, B.E., Miller, S.D., **Budge, S.L.,** & Minami, T. (2015, June). *Trajectories of change in short-term psychotherapy: Lessons from growth curve mixture modeling*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.

32. Katz-Wise, S.L. & **Budge, S.L.** (2015, April). *Imaging the future: qualitative findings of future orientation from trans youth and parents/caregivers in the Trans Youth Family Study*. Paper presented at the Annual Transgender Health Summit, Oakland, CA.
49. **Budge, S.L.** (2014, August). *The other side of the story: trans individuals' experiences of positivity and resilience*. Symposium chair for the Annual Meeting for the American Psychological Association, Washington, DC.
50. **Budge, S.L.** (2014, August). *Lessons learned from NIH-grant submission for LGBTQ research*. Invited panelist for the Annual Meeting for the American Psychological Association, Washington, DC.
33. **Budge, S.L.** & Katz-Wise, S.L. (2014, August). *Emotional and interpersonal experiences of trans youth and their caregivers*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
34. Eleazer, J.L., Nguyen, Y., **Budge, S.L.** (2014, August). *"I'm afraid of my therapist": Military policy and access-to-care for transgender US service members*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
35. Thai, J.L. & **Budge, S.L.** (2014, August). *Mental health outcomes for trans Asian American, Asian, and Pacific Islander populations*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
36. Alexander, D. & **Budge, S.L.** (2014, August). *The impact of partner support on symptoms of anxiety for trans women, trans men, and genderqueer individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
37. Barr, S.M. & **Budge, S.L.** (2014, August). *Trans identity salience as a predictor for well-being and body control beliefs for trans individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
38. Keller, B.L., Barr, S.M., & **Budge, S.L.** (2014, August). *Trans women's emotional resilience: Reactions to the intersection of sexism and transphobia*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
39. Rossman, H.K., Sinnard, M., **Budge, S.L.** (2014, August). *Adapting a three-tiered model of emotions to genderqueer individuals' identity processes*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
40. Thai, J.L., Orovecz, J., **Budge, S.L.** (2014, August). *Trans men's experiences of positive emotions: An examination of gender identity and emotion labels*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
41. Tebbe, E.N., Brewster, M., **Budge, S.L.** (2014, August). *A content analysis of transgender psychological literature*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
42. Thai, J.L. & **Budge, S.L.** (2014, March). *Family relationships and outness for transgender Asian Pacific Islander individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
43. Hunter, C. & **Budge, S.L.** (2014, March). *The moderating effect of race related to discrimination for transgender individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
44. Alexander, D. & **Budge, S.L.** (2014, March). *The impact of partner support on symptoms of anxiety for trans women, trans men, and genderqueer individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.

45. Barr, S.M. & **Budge, S.L.** (2014, March). *Validation of the Objectified Body Consciousness Scale for transgender individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
46. **Budge, S.L.** (2013, October). *Addressing grief and role transitions for transgender clients experiencing gender identity incongruence*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Nashville, TN.
47. **Budge, S.L.**, Barr, S.M., Katz-Wise, S.L., Keller, B.L., & Manthos, M. (2013, June). *Incorporating positivity into psychotherapy with trans clients*. Workshop presented at the Annual Philadelphia Transgender Health Conference, Philadelphia, PA.
48. **Budge, S.L.** & Barr, S.M. (2013, April). *Emotional and identity processes of trans youth: A developmental approach*. Paper presented at the Biennial Society for Research on Child Development Conference, Seattle, WA.
49. **Budge, S.L.**, Thai, J., Rossmann, H.K. (2012, August) *Intersecting identities and mental health outcomes for transsexual, cross-dressing, and genderqueer individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.
50. **Budge, S.L.** & Keller, B.L. (2012, August). “*She felt pressured, I felt neglected*”: *LGBQ individuals’ experiences of sexual pressure in relationships*. Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.
51. **Budge, S.L.**, Moore, J., Neinhuis, J., Baardseth, T., & Wampold, B.E. (2012, June). *The relative efficacy of bona-fide psychological treatments for personality disorders: A meta-analysis of direct comparisons*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Virginia Beach, Virginia.
52. **Budge, S.L.** & Katz-Wise, S.L. (2012, February). *Trans-affirmative therapy: Focusing on emotional and coping processes throughout gender transitioning*. Workshop presented at the Transgender Spectrum Symposium, Annual Meeting of the Gay and Lesbian Affirmative Psychotherapy Association, New York, New York.
53. **Budge, S.L.** & Katz-Wise, S.L. (2011, November). *Transgender emotional and coping processes: Facilitative and avoidant coping throughout the gender transition*. Paper presented at the Annual Meeting for the Society for the Scientific Study of Sexuality, Houston, Texas.
54. **Budge, S.L.** & Howard, K.H. (2011, August). *Gender socialization and genderqueer individuals: The impact of assigned sex on coping and mental health concerns*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, D.C.
55. Tebbe, E.L., **Budge, S.L.**, & Fischer, A. (2011, March). *Transforming the research Goliath: Reflections on research with transgender communities*. Roundtable presented at the Bi-Annual Meeting of the Association for Women in Psychology, Philadelphia, Pennsylvania.
56. **Budge, S.L.** & Howard, K.A.S. (2010, August). *Coping, social support, and well-being in the transition process for transgender individuals*. Paper presented at the Annual Meeting for the American Psychological Association, San Diego, California.
57. Baardseth, T.P., **Budge, S.L.**, & Wampold, B.E. (2010, August). *Allegiance and psychotherapy research: The effectiveness of supportive therapy as a control*. Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.

58. Solberg, V.S., Gresham, S.L., **Budge, S.L.**, & Phelps, A.L. (2010, August). *Impact of learning experiences on students with disabilities career development*. Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
59. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2010, August). *Individuation or identification? Objectified body consciousness*. Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
60. Solberg, V.S., Gresham, S.L., **Budge, S.L.**, & Phelps, A.L. (2010, August). *Impact of exposure to quality learning experiences on career development*. Paper presented at the Annual Meeting for the American Psychological Association, San Diego, California.
61. **Budge, S.L.** & Fluckiger, C. (2010, June). *Comparison of evidence-based-treatments versus treatment as usual: A meta-analysis*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Asilomar, California.
62. **Budge, S.L.** & Howard, K.A.S. (2010, April). *Career decision-making in the transgender population: The role of barriers and discrimination*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
63. **Budge, S.L.**, Solberg, V.S., Phelps, L.A., Haakenson, K., & Durham, J. (2010, April). *Promising practices for implementing Individualized Learning Plans: Perspectives of teachers, parents, and students*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
64. Solberg, V.S., Gresham, S.L., Phelps, L.A., & **Budge, S.L.** (2010, April). *Identifying decision-making patterns and its impact on career development and workforce readiness*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
65. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2010, March). *Objectified body consciousness and the mother-adolescent relationship*. Poster presented at the Biennial Meeting for the Society for Research on Adolescence, Philadelphia, Pennsylvania.
14. **Budge, S. L.**, Tebbe, E. N., Katz-Wise, S. L., Schneider, C. L., & Howard, K. A. (2009, August). *Workplace transitions: Work experiences and the impact of transgender identity*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
15. Katz-Wise, S. L., **Budge, S. L.**, & Schneider, C. L. (2009, August). *Navigating the gender binary: A qualitative study of transgender identity development*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
12. Nelson, M. L., Thompson, M. N., Huffman, K. L., & **Budge, S. L.** (2009, August). *Development and further validation of the social class identity dissonance scale*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
66. Dvorscek, M., **Budge, S. L.**, Bluemner, J. L., & Valdez, C. R. (2009, August). *Health care provider perspectives on Latino patients with depression*. Poster presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
67. Neumaier, E. R., **Budge, S. L.**, Bohlig, A. J., Doolin, E. M., & Nelson, M. L. (2009, August). *I feel masculine but they think I'm feminine: Toward measuring experienced gender role*. Poster presented at the Annual Meeting of the American Psychological Association during the Division 17 Social Hour, Toronto, Ontario, Canada.

68. Doolin, E. M., Graham, S. R., Hoyt, W. T., **Budge, S. L.**, & Bohlig, A. J. (2009, January). *Out and about in the South: Defining lesbian communities*. Poster presented at the National Multicultural Conference and Summit, New Orleans, LA.
69. **Budge, S. L.**, Tebbe, E. N. & Howard, K. A. S. (2009, January) *Transgender individuals' work experiences: Perceived barriers, discrimination, and self-efficacy*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
70. Howard, K. A. S., **Budge, S. L.**, Jones, J., & Higgins, K. (2009, January). *Future plans of urban youth: A qualitative analysis of influences, barriers, & coping strategies*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
71. **Budge, S.**, Schneider, C., Rodriguez, A., Katz-Wise, S., Tebbe, E., & Valdez, C. (2008, August). *The emotional roller coaster: Transgender experiences of positive and negative emotions*. Poster presented at the Annual Meeting of the American Psychological Association, Boston, MA.
72. Nelson, M. L., Huffman, K. & **Budge, S. L.**, (2008, August). *Initial validation of the Social Class Identity Dissonance Scale*. Poster presented at the Annual Meeting of the American Psychological Association, Boston, MA.
73. **Budge, S. L.**, Schneider, C., Rodriguez, A., & Howard, K. A. S. (2008, January) *What about the "T"?: Career counseling with transgender populations*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
74. Howard, K. A. S., McKay, K. M., & **Budge, S. L.** (2007, August) *Adolescents' use of SOC strategies: The interaction with low-income and high violence contexts*. Poster presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
75. **Budge, S. L.** & Sherry, A. (2007, August) *The influence of gender role on sexual compliance: A preliminary investigation of LGB relationships*. Poster presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
76. Howard, K. A. S., Solberg, V. S., & **Budge, S. L.** (2007, August). *Designing culturally responsive school counseling career development programming for youth*. Paper presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
77. Howard, K. A. S., Jones, J. E., **Budge, S.**, Gutierrez, B., Lemke, N., Owen, A., & Higgins, K. (2007, April). *Academic and career goals of high school youth: processes and challenges*. Paper presented at the Annual Meeting of the American Educational Research Association, Chicago, IL.

## **REGIONAL PRESENTATIONS**

°Invited; Underlining denotes student;

1. °**Budge, S.L.** (2017, September). *Transgender individuals and minority stress: The past, present, and future*. Research talk presented for the UW Department of Psychology Diversity series.
2. °**Budge, S.L.** and Karcher, O. (2017, May). *Supporting trans youth and their mental health needs, Part 2*. Paper presented at the Supporting Trans and Gender Expansive Youth conference, Madison, Wisconsin.

3. °**Budge, S.L.** (2016, October). *Supporting trans youth and their mental health needs*. Paper presented at the Supporting Trans and Gender Expansive Youth conference, Madison, Wisconsin.
4. **Budge, S.L.** (2013, November). *Incorporating an IPT approach with transgender clients*. Paper presented at the Annual Kentucky Psychological Association Conference, Lexington, Kentucky.
5. **Budge, S.L.** (2013, April). *Using interpersonal therapy with transgender clients*. Workshop provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
6. **Barr, S. M. & Budge, S. L.** (2013, April). *The role of identity integration in the emotional well-being of post-transition individuals*. Poster presentation at the Kentucky Psychological Association Student Research Conference, Louisville, Kentucky.
7. **Orovecz, J., Thai, J.L., & Budge, S.L.** (2013, April). *“I’m stoked about life”: The emotional processes of trans men through a qualitative lens*. Poster presented at the Spring Research Conference, Lexington, Kentucky.
8. **Rossmann, K. & Budge, S.L.** (2013, April). *Genderqueer individuals’ mental health concerns: The relationship between social support and coping*. Paper presented at the Spring Research Conference, Lexington, Kentucky.
9. **Barr, S. M. & Budge, S. L.** (2013, April). *The role of identity integration in the emotional well-being of post-transition individuals*. Poster presented at the Spring Research Conference, Lexington, Kentucky.
10. **Rossmann, K. & Budge, S.L.** (2013, June). *Just the fact that I commanded that respect - I got the privilege: Qualitative examination of privilege in the trans community*. Paper presented at the Spring Research Conference, Lexington, Kentucky.
11. **Keller, B.L., Barr, S.M., & Budge, S. L.** (2013, April). *“For every bad, there’s 40 good things that happen”: A qualitative approach to understanding the positive emotional experiences of trans women*. Poster presentation at the Spring Research Conference, Lexington, Kentucky.
12. **Orovecz, J., Thai, J.L., & Budge, S.L.** (2013, April). *“I’m stoked about life”: The emotional processes of trans men through a qualitative lens*. Presented at the Spring Research Conference, Lexington, Kentucky.
13. **Orovecz, J., Thai, J.L., & Budge, S.L.** (2013, March). *“I’m me, and I’m proud to be me”: A grounded theory analysis of trans men’s emotional processes*. Presented at the Kentucky Psychological Association Foundation Spring Academic Conference, Louisville, Kentucky.
14. **Eleazer, J. R. & Budge, S. L.** (2013, March). *“It would be better for them to have a dead hero for a father than a freak:” Suicidality and trans military service*. Poster presented at the Kentucky Psychological Association Spring Academic Conference, Louisville, Kentucky.
15. **Sinnard, M., Rossmann, K., & Budge, S. L.** (2013, March). *Positive emotional experiences of gender non-binary identified individuals*. Poster presentation at the Kentucky Psychological Association Student Research Conference, Louisville, Kentucky.
16. **Barr, S.M., Stahl, A., Manthos, M., & Budge, S.L.** (2012, November). *“It means there aren’t rules and you don’t have to ascribe to a specific binary”: A qualitative examination of genderqueer identity*. Paper presented at the Chicago LGBTQ Health and Wellness Conference, Chicago, Illinois.

17. **Thai, J.L., Orovecz, J., & Budge, S.L.** (2012, November). *Trans men and positivity: Emotional processes related to identity*. Paper presented at the Chicago LGBTQ Health and Wellness Conference, Chicago, Illinois.
18. **Budge, S.L., Barr, S.M., Orovecz, J., & Rossman, H.K.** (2012, November). *Clinical work with LGBT youth*. Workshop provided at the Annual Kentucky Psychological Association Conference, Louisville, Kentucky.
19. **Budge, S.L., Lee, S., & Monahan-Rial, V.** (2011, February). *Bridging institutional gaps: Utilizing transgender-affirmative therapy with college students*. Workshop presented at the Annual Meeting for the Big 10 College Counseling Center Conference, Minneapolis, Minnesota.
20. **Lee, J., Budge, S.L., Wilson, J.L., & Roper, J.M.** (2011, February). *The Korean Conundrum: Managing stigma in the recruitment of group counseling members*. Workshop presented at the Annual Meeting for the Big 10 College Counseling Center Conference, Minneapolis, Minnesota.
21. **Budge, S.L. & Katz-Wise, S.L.** (2010, February). *Transition to adulthood: Developmental steps for transgender individuals*. Workshop presented at the Conference on Transgender and Gender Variant Youth, Madison, Wisconsin.
22. **Budge, S.L.** (2009, October). *Individualized Learning Plans: Parent, student, and educator focus groups*. Paper presented at the Fall Institute for the National Collaborative on Workforce and Disability/Youth, Charleston, South Carolina.

### **KEYNOTE AND INVITED PRESENTATIONS**

1. **Budge, S.L. & Mauk, E.** (2017, May). *Health and well-being of LGBTQ students: Lessons learned and recommendations for educators*. Invited presentation at the CESA Conference, Madison, Wisconsin.
2. **Budge, S.L.** (2016, March). *The construction of gender identity as “disordered”: A critical examination of mental health using trans narratives*. Invited presentation at the Women’s and Gender Studies Forum at the University of Florida, Gainesville, Florida.
3. **Budge, S.L.** (2016, March). *Understanding, acknowledging, and responding to LGBTQ microaggressions in health care settings*. Keynote provided at the Florida Area Health Education Center, Gainesville, Florida.
4. **Budge, S.L.** (2014, September). *Positivity in trans populations: Implications for vocational psychology*. Boston University, Boston, Massachusetts.
5. **Budge, S.L.** (2013, April). *Future directions for research and therapy with trans and gender diverse individuals*. Keynote provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
6. **Budge, S.L.** (2013, March). *The psychology of sexual orientation and gender identity: future directions and implications*. Keynote provided at the East Texas Psi Chi Student Research Conference, Tyler, Texas.

### **NATIONAL RESEARCH BRIEFINGS**

1. **Budge, S.L., & Solberg, V.S.,** (2010, March) *Career exploration and the use of career narrative data for high school students’ career exploration processes: A United States sample*. Research briefing presented at the Department of Labor, Washington, D.C.

2. °**Budge, S.L.**, Solberg, V.S., & Phelps, A.L. (2010, March) *Individualized Learning Plans within a community-oriented approach: The usefulness of focus group data with parents, teachers, and students*. Research briefing presented at the Department of Labor, Washington, D.C.

### **INTERNATIONAL RESEARCH BRIEFINGS**

1. °**Budge, S.L.**, & Solberg, V.S., (2010, February) *A three-tiered approach to analyze the career decision making processes using focus group data with Singaporean parents, students, and staff*. Research briefing presented at the Ministry of Education, Singapore.
2. °**Budge, S.L.**, & Solberg, V.S., (2010, February) *Use of narrative analysis for high school students' career exploration processes: A Singapore Sample*. Research briefing presented at the Ministry of Education, Singapore.

### **TEACHING EXPERIENCE**

#### **University of Wisconsin-Madison Courses (Fall 2014 - Fall 2017)**

##### **Fall 2017**

- CP 951: Research in Individual Interventions (graduate): enrollment = 12
- CP 999: Independent Study (graduate): enrollment = 1
- CP 990: Independent Research (graduate): enrollment = 2
- CP 699: Independent Research (undergraduate): enrollment = 3

##### **Summer 2017**

- CP 699: Independent Research (undergraduate): enrollment = 1

##### **Spring 2017**

- CP 903: Advanced Practicum (graduate): enrollment = 8
- CP 900: Foundational Practicum (graduate): enrollment = 5
- CP 890: Advanced Assessment Techniques (graduate): enrollment = 10
- CP 999: Independent Study (graduate): enrollment = 1
- CP 990: Independent Research (graduate): enrollment = 1
- CP 699: Independent Research (undergraduate): enrollment = 8

##### **Fall 2016**

- CP 805: Helping Relationships & Techniques (graduate): enrollment = 15
- CP 990: Independent Research (graduate): enrollment = 2
- CP 699: Independent Research (undergraduate): enrollment = 8

##### **Summer 2016**

- CP 699: Independent Research (undergraduate): enrollment = 1

##### **Spring 2016**

- CP 903: Advanced Practicum (graduate): enrollment = 4

CP 900: Foundational Practicum (graduate): enrollment = 9  
CP 810: Professional Development/Clinical Practice (graduate): enrollment = 8  
CP 699: Independent Research (undergraduate): enrollment = 1  
Counseling Psychology Training Clinic Supervision ( $n = 7$ )

**Fall 2015**

CP 805: Helping Relationships & Techniques (graduate): enrollment = 10  
CP 999: Independent Study (graduate): enrollment = 10

**Spring 2015**

Master's Pre-Practicum (enrollment: 17)  
Counseling Psychology Training Clinic Supervision ( $n = 12$ )  
CP 990: Independent Research (graduate): enrollment = 8  
CP 901: Counseling Psych Practicum (graduate): enrollment = 1  
CP 699: Independent Research (undergraduate): enrollment = 1

**Fall 2014**

CP 805: Helping Relationships & Techniques (graduate): enrollment = 17  
CP 999: Independent Study (graduate): enrollment = 5

**Course or Curriculum Development at UW-Madison From 2014-current**

Individual Interventions (new course)	<b>2017</b>
Advanced Assessment Techniques (new curriculum)	<b>2017</b>
LGBT Psychology (new curriculum)	<b>2016</b>
Advanced Doctoral Clinical Practicum (new course)	<b>2016</b>
Foundational Doctoral Clinical Practicum (new course)	<b>2016</b>
Master's Pre-Practicum (new course)	<b>2015</b>
Helping Relationships & Techniques (new course)	<b>2014</b>

**Previous Teaching**

**University of Louisville Courses**

ECPY 780: Advanced Practicum  
ECPY 648: Intellectual Assessment  
ECPY 663: Multicultural Issues  
ECPY 629: Theories and Techniques of Counseling  
ECPY 621: Differential Diagnosis  
ECPY 793: Gender and Queer Issues In Psychology  
ECPY 793: Advanced Multicultural Psychotherapy  
ECPY 700: Supervised Research

**Graduate-Student Teaching:**

**University of Wisconsin-Madison (2006-2009)**  
CP 804: Research Methods

CP 994: Personality Assessment  
CP 650: Interviewing Skills  
CP 115: First Year Experience

**University of Texas at Austin (2005-2006)**  
PSY 301: Introduction to Psychology

**Supervision of Clinical Work at UW-Madison**

**Provision of Supervision at the  
Counseling Psychology Training Clinic**

**8/2014 – 5/2016**

I was the on-site licensed psychologist and supervisor for one clinic night per week. Provided individual clinical supervision to 7 masters and doctoral students (1 hr. per week of individual clinical supervision for each student in addition to administration [feedback on notes and watching video-recordings of sessions]). Provided one hour of group supervision on the night I was on-site at the clinic.

**Provision of Supervision to students in  
the Pre-Practicum course (CP 806).**

**1/2015 – 5/2015**

Provided individual supervision (above and beyond class duties, due to low staffing in the department) to masters and doctoral students for the CP 806 course in the Spring of 2015.

**SERVICE ACTIVITIES**

**PUBLIC SERVICE (From 2014- current)**

**Wisconsin Transgender Health Coalition (WTHC)**

**5/2015-current**

I have been involved in the organization since its inception. I have mainly been involved in the “data and dissemination” team, where I provide my expertise as researcher helping community members establish their own research projects and write grants to support personnel within the coalition. As a part of this team, I have given presentations to community members about population-based data within Wisconsin that can influence access to more medical and mental health care. I have also assisted team members with creating surveys and recruiting individuals to be a part of a Wisconsin needs assessment of transgender youth. We meet once per month to focus on the larger data team and have smaller meetings throughout the month to focus on community outreach and training to disseminate research in a fashion that is most helpful for individuals who are not involved in academia.

**Co-Coordinator and Co-Chair for the Transgender  
and Gender Expansive Youth Conference**

**2/2016-current**

Attend meetings for an ongoing planning committee to coordinate semi-annual conferences about the concerns of transgender youth. Helped develop an agenda for the conferences, planned speakers, coordinated a budget, and decided on special topics for the conference. Introduce the keynote speaker at the conference and provide project management during the day of the conference. Provided three one-hour long sessions to educate teachers, school staff, mental health professionals, and community members.

**Pro-Bono Psychotherapy**

**8/2015 -5/2016**

Provided 1.5 hours of pro-bono weekly group psychotherapy to transgender and gender expansive youth at the Counseling Psychology Training Clinic. Provided group therapy training to a doctoral student to conduct co-therapy with me as part of the group.

**Community Presentations and Trainings**

Group Health Cooperative Insurance	<b>12/2017</b>
Goodman Community Center and UW Health	<b>9/2017</b>
Marquette University	<b>8/2017</b>
Madison Metropolitan School District	<b>5/2017</b>
Wisconsin Department of Public Safety	<b>4/2017</b>
Psychiatric Services	<b>2/2017</b>
FORGE	<b>1/2017</b>
Wisconsin Department of Public Instruction	<b>12/2016</b>
Madison Metropolitan School District	<b>10/2016</b>
Marquette University	<b>5/2016</b>

**PROFESSIONAL SERVICE**

**Associate Editor**

*Psychotherapy*

**1/2014 - current**

**Guest Editor of Special Sections**

*Psychotherapy*

**9/2016**

*Journal of Counseling Psychology*

**12/2017**

*Psychology of Sexual Orientation and Gender Diversity*

**12/2017**

### **Editorial Board**

<i>Archives of Sexual Behavior</i>	<b>1/2014 – 12/2016</b>
<i>Psychology of Sexual Orientation and Gender Diversity</i>	<b>1/2016 – current</b>
<i>International Journal of Transgenderism</i>	<b>1/2016 - current</b>

**Ad Hoc Reviewer:** Journal of Consulting and Clinical Psychology, Clinical Psychology Review, Journal of Counseling Psychology, The Counseling Psychologist, Feminism and Psychology, Psychology of Religion and Spirituality, Psychology of Women Quarterly, Journal of GLBT Family Issues, BioMed Central Journal, The Cognitive Behavior Therapist, Psychotherapy Research, Routledge Publishers, Harvard University Press, Family Process

### **Leadership in Professional Organizations**

<b>Co-Chair of Science Committee</b>	<b>8/2011 - current</b>
Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44)	

### **Membership in Professional Organizations**

American Psychological Association (APA)

- Society of Counseling Psychology (Division 17)
- Division of Psychotherapy (Division 29)
- Society for the Psychology of Women (Division 35)
- Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44)
- Society of Clinical Child and Adolescent Psychology (Division 53)

World Professional Association for Transgender Health (WPATH)  
Society for Psychotherapy Research (SPR)

### **UNIVERSITY SERVICE**

<b>University Committee</b>	
Faculty Senate (alternate)	<b>5/2016 – current</b>
Attended 2 faculty senate meetings	
GLBTQ Committee	<b>5/2017 - current</b>

<b>School of Education Committee</b>	
Information Technology Policy Advisory Committee	<b>8/2014 – current</b>

<b>Department Committee</b>	
Doctoral Training Committee	<b>8/2015 – current</b>
Doctoral Admissions Chair	<b>8/2017 - current</b>
Social Justice Committee (chair)	<b>8/2016 - current</b>
Salary and Promotion Committee	<b>8/2016 - current</b>
Masters Training Committee	<b>8/2014 – 8/2015</b>

**Doctoral Dissertation Committees**

Kinton Rossman (University of Louisville; Chair, Defended)  
Danielle Alexander (University of Louisville; Chair)  
Jayden Thai (University of Louisville; Proposed)  
Jake Nienhuis (University of Louisville; Defended)  
Kelley Quirk (University of Louisville; Defended)  
Keldric Thomas (University of Louisville; Defended)  
Johanna Strokoff (University of Louisville; Defended)  
Elise Romines (University of Louisville; Defended)  
Julia Benjamin (University of Wisconsin-Madison; Defended)  
Craig Hase (University of Wisconsin-Madison; Defended)  
Sarah McCardell Moore (University of Wisconsin-Madison, Defended)  
Noah Yulish (University of Wisconsin-Madison, Defended)  
Nick Frost (University of Wisconsin-Madison, Defended)  
Lindsey Houghton (University of Wisconsin-Madison, Proposed)  
Shufang Sun (University of Wisconsin-Madison, Defended)  
Joe Orovecz (University of Wisconsin-Madison, In preparation)  
Andrew Wislocki (University of Wisconsin-Madison, Proposed)  
Dustin Brockberg (University of Wisconsin-Madison, Proposed)  
Christo Raines (University of Wisconsin-Madison, Proposed)  
Alyssa Ramirez Stege (University of Wisconsin-Madison, Proposed)

**Undergraduate Thesis Committees**

Morgan Sinnard (University of Louisville; Chair, defended)