

EXPERT WITNESS REPORT OF STEPHANIE BUDGE, Ph.D.

I, Stephanie Budge, Ph.D., a licensed psychologist, have prepared this expert report pursuant to Fed. R. Civ. P. 26(a)(2) in the case of Boyden v. Wisconsin Dep't of Employee Trust Funds. I was retained as an independent consultant with expertise on issues related to gender dysphoria and the medical necessity of transition-related medical care (e.g., hormone therapy, gender confirmation surgery, facial feminization surgery) for transgender individuals. I was retained by the American Civil Liberties Union Foundation, the American Civil Liberties Union of Wisconsin Foundation, and Hawks Quindel, S.C., who represent the Plaintiffs Shannon Andrews and Alina Boyden, who are seeking insurance coverage for transition-related care and challenging the state of Wisconsin's blanket exclusion of such coverage for state employees.

Based on my training, research and clinical experiences, it is my professional opinion that if transgender individuals do not receive appropriate transition-related health care, there are often significant physical and mental health consequences, thus showing the medical necessity of such care for many transgender individuals. In alignment with my professional experiences, there is a substantial body of literature indicating that transition-related medical care is medically necessary for many transgender individuals. In addition, there is no evidence to support a policy of excluding coverage for all transition-related care for transgender individuals. As well, the evidence indicates that the cost to insurance plans of covering transition-related care for transgender individuals is minimal and may well be offset by reductions in other health care expenses that arise from failure to provide such care. It is my professional opinion that both Alina Boyden and Shannon Andrews currently meet criteria for gender dysphoria and have met criteria for gender dysphoria for many years, and that both Alina and Shannon report information

that is consistent with the medical necessity for transition-related medical care (e.g., hormones, gender confirmation surgery, including facial feminization surgery).

A. Professional Qualifications and Experience

I am a licensed psychologist who has been specializing in issues of gender identity and gender transition processes for over 10 years. I received a master's degree in educational psychology from the University of Texas at Austin in 2006 and a Ph.D. in counseling psychology in 2011 from the University of Wisconsin-Madison. My Ph.D. concentration specifically focused on transgender individuals, with a broader focus on lesbian, gay, and bisexual issues. I also received a minor in psychological assessment as part of my Ph.D. degree program. 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).

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). Many of these individuals have met the Diagnostic and Statistical Manual 5 (DSM-5) criteria for gender dysphoria, a psychiatric diagnosis that signifies distress caused by incongruence between a person's assigned gender at birth and their gender identity.

I am currently an assistant professor in counseling psychology at the University of Wisconsin-Madison, where I teach courses that focus on training master's and doctoral students skills to become mental health professionals and psychological researchers. My courses

primarily focus on counseling skills, conducting psychological assessments, and research design. My faculty appointment has included clinical work at the Counseling Psychology Training Clinic (CPTC), which has included providing pro bono therapy to transgender individuals and training 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. Of note, one of the current research projects is a clinical trial focusing on the efficacy of psychotherapy for transgender individuals. As part of this project, I trained all of the therapists in assessing gender dysphoria and writing letters for transition-related medical care for transgender clients. I also hold an appointment as a part-time (summer) clinical health psychologist at UW Health, where I conduct evaluations of transgender adolescents to determine if they require medically necessary treatments (e.g., psychological, social, and medical interventions) related to their gender identity.

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.

I have received several awards for my work in the science and clinical practice of working with transgender individuals. Most recently, (along with colleagues) I received the 2017 paper 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 APA Transgender Research Award in 2010. Locally, I am also a member of the Wisconsin Trans Health Coalition, 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.

I am also a member of the Society for Lesbian, Gay, Bisexual, and Transgender Issues within the American Psychological Association (APA) (of which I am also a member). I am co-chair of the Science Committee for the Society. The Science Committee is charged with ensuring that the most relevant and up-to-date research regarding LGBT individuals is disseminated through the Society and to full membership of the APA. We provide programming at the annual APA convention to disseminate cutting edge research on the best psychological practices and evidence-based treatments with LGBT individuals. At the 2018 APA annual convention, I will be disseminating up-to-date information about evidence-based treatments for transgender individuals. I am also member of the World Professional Association of Transgender Health (WPATH). WPATH (formerly known as the Harry Benjamin International Gender Dysphoria Association) is an interdisciplinary professional and educational organization of individuals

worldwide specializing in research and practice in transgender health. As a WPATH member, I attend conferences that focus on transgender individuals and present my own research to provide trainings to other professionals.

I am attaching a copy of my current C.V., which lists my qualifications, experience, and publications, as Appendix A to this report.

Prior Expert Witness Experience

I have previous experience as an expert psychologist in an immigration case that was focused on a transgender woman seeking asylum in the United States. Her case was heard by the United States Department of Justice Executive Office for Immigration Review. I prepared an expert report for that case in May 2015. I was also hired as an expert witness in the case *Whitaker v. Kenosha Unified School District*. As part of my role in the case, I prepared and wrote a declaration and expert report describing my psychological assessments of a transgender youth who had reported experiencing discrimination at his high school. I was not deposed and I did not testify in this case.

Compensation

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.

BASIS FOR OPINIONS

In this report, I use my clinical and academic expertise to provide an overview and discussion of gender identity, the psychological processes surrounding gender identity development for transgender individuals, and the appropriate clinical standards for gender transition and treatment of gender dysphoria in transgender adults. I then discuss the medical

necessity of gender transition-related medical and psychological care for transgender individuals, as informed by authoritative research, prevailing medical and psychological standards, and ethical standards for psychological practice with transgender clients. I also provide reasons why blanket exclusions for transition-related care are not supported by research or policy and why transition-related care is cost-effective treatment. I then provide separate clinical assessments of Alina Boyden and Shannon Andrews, the plaintiffs in the lawsuit, and provide my professional opinion related to their diagnoses of gender dysphoria and whether or not transition-related care would be considered a medical necessity for both plaintiffs, respectively.

In preparing this report, I reviewed the formative and influential psychological and public health research on transgender individuals published over the past decade, including in-press research and recently published studies. I have included a bibliography in Appendix B to this report. The majority of these publications come from highly-respected, peer-reviewed journals on LGBT and/or psychological issues. I also reviewed: the Plaintiffs' Amended Complaint; State Defendants' Responses to Plaintiffs' Requests to Admit, Interrogatories and for Production of Documents; documents produced by the State Defendants concerning insurance coverage of transition-related care; and documents related to appeals of denials of the Plaintiffs' requests for coverage of transition-related care.

As part of my clinical evaluation, I reviewed several of Alina's and Shannon's medical records from their physicians and therapists, and spoke with one of Shannon's prior therapists. The majority of the information used for my psychological evaluations of Alina and Shannon derives directly from face-to-face meetings with the plaintiffs. I met with Shannon for three hours and I met with Alina for 2.5 hours. The purpose of these meetings was to conduct a clinical and diagnostic interview to determine the medical necessity of transition-related care.

Based on my review of these materials and these evaluations, I render the opinions contained in this report, with a reasonable degree of professional certainty in my field of psychology. I understand that investigation and discovery is continuing in this case and may result in additional materials for me to review. I may, if necessary, supplement or amend my opinions based on such materials.

GENDER IDENTITY AND TRANSGENDER INDIVIDUALS

A. Definitions and Key Concepts

The following are several of the most up-to-date definitions and concepts related to transgender identity:

Sex: Sex refers to one's classification as male, female, or neither male or female. The term refers a person's chromosomes, hormones, reproductive organs, secondary sex characteristics, and gender identity (i.e., internal sense of gender) (Singh & dickey, 2016). 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. Transgender individuals and those with intersex conditions and sex chromosome conditions (e.g., Turner Syndrome, Klinefelter Syndrome) will likely experience a different path with their sex (Morselli et al., 2016). There is no single sex-based characteristic that defines an individual's sex; that being said, gender identity is one of the primary factors when defining an individual's sex. When sex-related characteristics such as internal or external genitalia, reproductive capacity, chromosomes, or gender identity are inconsistent—as with many transgender people and people with intersex conditions—it is most appropriate to define sex based on the person's gender identity (Singh & dickey, 2016).

Gender: Gender refers to an individual's social, cultural, and psychological characteristics that are considered masculine or feminine based on cultural stereotypes, norms, and traits. (Gilbert & Scher, 2009).

Gender identity: Gender identity is understood in the psychological and medical professions 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 (Singh & dickey, 2016). All human beings have a gender identity. Gender identity is innate and generally considered an immutable characteristic. Gender identity for human beings usually begins to become clear 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. Neuroimaging data demonstrate strong evidence to indicate biological causes for transgender identity (see Sanchez & Pankey, 2017 for a review; Spizzirri et al., 2018). Recent neuroimaging data show that transgender women's brains are similar to cisgender women's brains (Rametti et al., 2011) and that transgender men's brains are similar to cisgender men's brains (Luders et al., 2009; Savic & Arvor, 2011).

Gender expression: Gender expression is defined as the behaviors associated with a public expression of stereotyped masculinity and/or femininity, or a rejection of these stereotypes (Brierley, 2000).

Gender assigned at birth: Gender assignment is usually based on either an assessment of an infant's external genitals or a chromosome analysis. This language is also sometimes referred to as "sex assigned at birth" in the literature, but gender assignment is considered more accurate based on gender socialization and gender expectations that occur from infancy.

Transgender: Transgender identity is indicated by incongruence between a person’s gender assigned at birth (male assigned at birth or female assigned at birth) and their gender identity (Singh & dickey, 2016).

Cisgender: Conversely, individuals are considered cisgender if they identify with the gender identity that corresponds with their gender assigned at birth (Singh & dickey, 2016).

Gender Transition: For most transgender individuals, a gender transition or “transitioning” is considered psychologically and medically necessary, as will be noted in the report below. Transition can take either or both of two forms: (a) social transition, and (b) medical transition (American Psychological Association, 2015).

Social Transition: A social transition is considered any aspect of identifying and expressing one’s gender identity and usually does not encompass medical interventions—a social transition is considered to be medically necessary, given the psychosocial benefits of social transition (Coleman et al., 2012). An individual will typically, among other things, tell others of their gender identity (also known as coming out), use a different name than their birth name, use pronouns congruent with their gender identity, wear clothing typically associated with their gender identity, change their hairstyle, and use restrooms that fit their gender identity. This list of aspects of social transition is not exhaustive, nor are all of these steps necessary for all transgender persons.

Medical transition: 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. Examples of medical transition can include hormone therapy and/or surgeries (for example, chest/breasts, internal/external genitalia, facial features, and/or body contouring). Not all transgender individuals will desire or need medical

interventions and some medical interventions, including surgeries, may not be developmentally or socially appropriate for some individuals (APA, 2015; Singh & dickey, 2016).

Hormone Therapy: Hormone therapy (HT) for transgender individuals includes the administration of feminizing or masculinizing hormones to induce changes in physical appearance (White-Hughto & Reisner, 2016). Hormone therapy is considered medically necessary for many transgender individuals due to its efficacy in relieving psychological distress associated with gender dysphoria and improving quality of life (Coleman et al., 2012; White-Hughto & Reisner, 2016). Hormone therapy is also referred to as hormone replacement therapy (HRT) in the literature.

Gender confirmation surgery: Gender confirmation surgery (GCS) includes any surgery to alter or adjust an individual's primary or secondary sex characteristics to align with their current gender identity. The most common surgeries include changes to the chest, genitals, and face/neck (Coleman et al., 2012). Gender confirmation surgery is considered medically necessary for many transgender individuals due to its efficacy in relieving psychological distress associated with gender dysphoria and improving quality of life (Coleman et al., 2012). Gender confirmation surgery (GCS) is also commonly referred to as sex reassignment surgery (SRS) or gender affirmation surgery (GAS) in the literature.

Prevalence of Transgender Individuals

Most recent population-based estimates indicate that 0.38% (approximately 1,000,000 people; Meerwijk & Sevelius, 2017) to 0.6% (approximately 2,000,000 people; Flores et al., 2016) of the United States population identifies as transgender. The Flores et al. (2016) report estimated that transgender adults comprise approximately 0.43% of the population in Wisconsin.

However, the authors of these recent publications indicate that these estimates are likely low due to population-based survey instruments that constrain the definition of transgender identity, which can have limitations on how transgender people are defined or recognized in public policy and public health.

Statistics Regarding Medical Interventions for Transgender Individuals

Many transgender people have undergone some form of medical transition, though many more may need such transition-related care than actually receive it. There have been several nation-wide publications estimating the prevalence of transgender individuals seeking or undergoing transition-related care in the United States. In the first nationwide survey of its kind, Grant et al. (2011) surveyed 6,456 participants. They reported that for medical transition-related care, 62% of participants used hormone therapy and an additional 23% planned to use hormone therapy in the future (for a total of 5,487 participants using or planning to seek hormone therapy). Transgender women reported the following information regarding gender confirmation surgery: 20% had had a vaginoplasty (surgical creation of vagina and vulva) and 60% planned to have it someday; 21% had had an orchiectomy (surgical removal of the testes) and 59% planned to have it someday; and 18% had had chest surgery and 54% planned to have it someday. Transgender men reported that 41% had had chest surgery and 51% planned to have chest surgery someday. Regarding additional surgeries for transgender men, fewer men indicated they had genital surgery (2% reported having had a phalloplasty [surgical creation of a penis]), with 26% indicating they planned to have it someday. The authors hypothesize that the difference between the number of people having had surgery and the number who plan to have it in the future might be due to financial barriers or other social barriers. Non-binary individuals' data were not analyzed in the 2011 report.

In 2016, a new report based on a survey of 27,715 transgender respondents from the United States described the health care and discrimination experiences of transgender people (James et al., 2016). In this report, 95% of transgender men and women reported they had or planned to have hormone therapy; only 49% of all respondents had had hormone therapy, despite the large numbers of individuals desiring hormone therapy. Twelve percent of transgender women indicated they had had a vaginoplasty and an additional 54% planned to have the procedure someday (with an additional 22% reporting that they were unsure about the procedure). Eleven percent of trans women had had an orchiectomy and an additional 47% planned to have the procedure someday (with an additional 22% reporting that they were unsure about the procedure). Percentages for transgender men and non-binary individuals are listed in the report on pages 101 and 102.

Clinical Diagnosis and Treatment Standards for Gender Dysphoria

Gender dysphoria (GD) is the medical and psychiatric term for the psychological distress caused by the incongruence between a transgender person's gender assigned at birth and gender identity. This psychiatric diagnosis is codified within the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 is widely used within psychiatry and psychology. Formal clinical training is necessary to understand and apply the manual in diagnosing psychological conditions (Black & Grant, 2014). The most recent version of the World Health Organization's International Classification of Diseases (ICD-10) uses the term gender identity disorder (GID) to describe the condition the DSM-5 calls gender dysphoria. Gender identity disorder was first identified as a mental health disorder in the DSM-III in 1973 (Zucker & Spitzer, 2005). After several iterations, GID was updated to GD in the DSM-5 in 2013 to account for recent developments in understanding and reflecting that gender

identity is not a disorder, but that the distress related to the incongruence is what leads to a diagnosis (Fraser, 2015; Regier, Kuhl, & Kupfer, 2013).

Individuals who present with gender dysphoria will likely report a variety of symptoms, but with a theme of an intense need to experience themselves as their affirmed gender identity, present themselves in accordance with their affirmed gender identity, and be viewed by others in accordance with their affirmed gender identity. When individuals diagnosed with gender dysphoria do not obtain competent and necessary treatment, serious and debilitating psychological distress (depression, anxiety, self-harm, suicidal ideation/attempts, etc.) often occurs (Bockting et al., 2016; Coleman et al., 2012; Wilson, Chen, Arayasirikul, Wenzel, & Raymond, 2015).

Under the DSM-5, the symptoms under Criterion A for identifying Gender dysphoria in adolescents and adults (302.85) include a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

- (1) A marked incongruence between one's experienced/expressed gender and primary and or/secondary sex characteristics (or in young adolescents, the anticipated 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 experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- (3) A strong desire for the primary and/or secondary sex characteristics of the other gender.

- (4) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- (5) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- (6) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

According to the DSM-5 Criterion B, a diagnosis of gender dysphoria also requires a finding of clinically significant distress or impairment in social, occupational, educational, or other important areas of functioning.

Standards of Care

The World Professional Association for Transgender Health (WPATH) publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People ("SOC"), which are considered the international standards for medical and mental health treatment for transgender individuals. The foremost medical and mental health organizations within the United States, and internationally, recognize the SOC as the authoritative standards for treatment of gender dysphoria. These standards are considered authoritative because the foremost experts in the field of transgender health articulate professional consensus regarding the most up-to-date evidence-based research on transgender health. WPATH is the largest transgender health organization in the world and is committed to promoting "evidence based care, education, research, advocacy, public policy, and respect in transgender health" (wpath.org, 2017). WPATH (originally called the Harry Benjamin International Gender Dysphoria Association) has published the SOC since 1979. The seventh and most current version of the SOC was published in 2012. The professional medical and mental health organizations

recognizing the authority of the WPATH SOC include the American Psychological Association, the American Psychiatric Association, the American Counseling Association, and the American Medical Association.

The SOC provide evidence-based protocols for mental health and medical providers to follow in determining the specific treatment regimen that will best fit the needs of the transgender individual. It has been well-established from the SOC and experts in the health care of transgender individuals that each transgender person has their own specific transition needs and that not every transition will look the same. Treatment generally consists of social, psychological, and/or medical support, as needed, which allows the individual to live and be integrated into society in accordance with their gender identity, thus relieving the distress that results from gender incongruence. Interventions are not used to change a person's gender identity; instead, they help to bring the person's external appearance and gender expression in alignment with their gender.

Medical Necessity for Treatment

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). Research confirms not only the medical necessity of transition related care, but also that the procedures are safe and have high post-surgical satisfaction rates (Hess et al., 2014; Tran et al., 2018).

The WPATH Standards of Care (SOC v.7; Coleman et al., 2012) outline the specific reasons for the medical necessity of transition-related care for transgender individuals. The SOC first note the medical necessity of masculinizing hormones (for individuals assigned a female

gender at birth) and feminizing hormones (for individuals assigned a male gender at birth) to alleviate or decrease dysphoria. As noted by the SOC, the medical regimen will be individualized to each patient. The SOC note that gender confirmation surgery for transgender individuals is considered reconstructive, not cosmetic or aesthetic, “with unquestionable therapeutic results” (p. 58). As well, the SOC indicate that gender confirmation surgery has been found to alleviate gender dysphoria in many people. Specifically, for many transgender individuals “relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity” (p. 55).

According to the WPATH SOC, the primary reason for the medical necessity of hormone therapy and gender confirmation surgery is demonstrated in the psychosocial benefits of the treatments. The SOC v.7 outline 37 years of data that focus on the beneficial psychosocial outcomes of hormone therapy and gender confirmation surgery. The SOC indicate that the majority of studies demonstrate an irrefutable beneficial effect of gender confirmation surgery on postoperative outcomes (e.g., well-being and sexual functioning).” (p. 107). One of the first major retrospective studies focused on gender confirmation surgery indicated that 80.7% of transgender men reported positive outcomes (improved social and emotional adjustment) and 71.4% of transgender women reported positive outcomes (Pauly, 1981). Kuiper & Cohen-Kettenis (1988) reported that 88.6% of the sample ($N = 141$) reported feeling very/moderately happy with the results of their surgery.

Since standards of care were released in 1996, the research overwhelmingly indicates that transgender patients are satisfied with surgery and experience positive psychosocial outcomes post-hormones and post-surgery. See bibliography included as Appendix B. There are many studies that are indicative of the positive outcomes of medical treatment, such as general

satisfaction with surgery, satisfaction with sexual functioning, and improved quality of life (e.g., De Cuypere et al., 2005; Krege et al., 2001; Rehman et al., 1999; Wierckx et al., 2011).

Since the most recent version of the SOC were published in 2012, numerous other studies have been published showing even stronger treatment benefits and more specific information about the outcomes of surgery. The most up-to-date research confirms what previous research has shown regarding positive outcomes gender confirmation surgery. These studies indicate 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 (Glynn et al., 2016; van de grift, 2018).

Additional longitudinal studies have noted the importance of hormone-related care on mental health outcomes. For example, Heylens et al. (2014) indicated that hormone therapy was associated with a significant decrease in anxiety, depression, interpersonal sensitivity, and hostility. Additionally, psychopathology scores for transgender people who had received hormone therapy were compared with general population outcomes; after initiating hormones, transgender individuals reported similar levels of functioning to cisgender individuals. Similarly, Colizzi, Costa, & Todarello (2014) reported in a longitudinal study that hormone therapy was associated with lowered anxiety, depression, and general psychological symptoms.

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 women 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). If individuals engage in self-prescribing hormones or in self-surgeries, serious side effects and physical health concerns can occur as a result (Rotandi et al.,

2013)—leading to additional health complications that will require additional medically necessary treatments.

Ethical Standards and Guidelines for Medical and Psychological Care

Within the medical and mental health care fields, gender-related transition care is considered medically necessary. Lambda Legal recently published a document outlining 12 United States major medical and mental health organizations' resolutions and statements documenting the medical necessity of transition-related medical care (Lambda Legal, 2017). Notably, the document indicates that the American Medical Association (AMA) has released at least 10 statements regarding accessibility of medical care for transgender individuals and as early as 2008, AMA Resolution 122, A-08 stated: "An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID... Therefore, be it RESOLVED, that the AMA supports public and private health insurance coverage for treatment of gender identity disorder; and be it further RESOLVED, that the AMA oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician" (p. 2).

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). As well, 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 (Bockting & Fung, 2005; Meyer et al., 2001)” (p. 32).

Several years after the release of this Task Force report, the American Psychological Association released guidelines for psychological practice with transgender and gender non-conforming people (APA, 2015). This report also highlights the medical necessity of transition-related care. In addition, the report outlines 16 guidelines for ethical psychological practice with transgender and gender non-conforming people (TGNC). Guideline 5 indicates that psychologists should be able to recognize how discrimination and stigma affect the health and well-being of TGNC. The guidelines indicate: “psychologists are encouraged to provide written affirmations supporting TGNC people and their gender identity [as appropriate] so that they may access necessary services (e.g., hormone therapy)” (p. 841). Finally and relatedly, Guideline 11 states that psychologists should “recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care” (p. 846). This guideline indicates that psychologists should be aware of the evidence indicating the positive outcomes in research literature that specifically focus on hormones and surgery and that psychologists may play an essential role in the process of facilitating access to these medically necessary treatments.

In response to some individuals and practitioners who believe that transgender people should adjust or change their gender identity to remain in their gender assigned at birth, several health organizations have indicated that this practice is harmful and unethical. For example, the WPATH Standards of Care (SOC) note that “treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been

attempted in the past without success...such treatment is no longer considered ethical” (p. 175, Coleman et al., 2012).

The American Psychological Association’s statement on gender diversity and transgender identity in adolescents indicates: “attempts to force gender diverse and transgender youth to change their behavior to fit into social norms may traumatize the youth and stifle their development into healthy adults” (p. 2, Mizock, Mougianis, Meier, & Moundas, 2015).

In their *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression*, the American Psychoanalytic Association (2012) indicates that any attempts to convert, change, or “repair” an individual’s gender identity or gender expression “often results in substantial psychological pain by reinforcing damaging internalized attitudes.”

The American Counseling Association’s report on competencies for counseling with transgender clients (Burnes et al., 2010) indicates that counselors must: “understand that attempts by the counselor to alter or change gender identities and/or the sexual orientation of transgender clients across the lifespan may be detrimental, life-threatening, and are not empirically supported” (p. 144). As such, these organizations report that it is harmful (and thus unethical) to attempt to change a person’s transgender identity.

Well-being and Mental Health

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 ($N = 351$) 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 (i.e., “stage of identity”)

predicted better well-being in a large community sample ($N = 571$) 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, Thai, & Orovecz, 2015; Budge, Chin, Minero, 2017; Budge, Katz-Wise, Tebbe, Howard, Schneider, & Rodriguez, 2013).

Blanket Exclusions for Transition-Related Care

In the above sections, I discuss the substantial body of literature indicating the medical necessity of transition-related care for transgender individuals and have listed citations for that literature in Appendix B. As noted in the Plaintiffs' Amended Complaint and in the Employee Trust Funds (ETF) *Uniform Benefits: Exclusions and Limitations* document, ETF excludes all "procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment." Padula, Heru, & Campbell (2016) report that, even though many insurance policies prohibit coverage for transgender individuals for transition-related care, in 2014 the U.S. Department of Health and Human Services lifted a ban on these exclusions for the Centers for Medicare and Medicaid Services (CMS) beneficiaries for two reasons: (1) that the literature demonstrates gender confirmation surgery is efficacious, safe, and effective, and that (2) because it is efficacious, safe, and effective, "exclusions of coverage are not reasonable" (p. 395).

Instead of excluding all procedures, services, and supplies related to transgender care, the WPATH SOC indicate that all treatment plans for transgender individuals should be individualized to the patient (Coleman et al., 2012). In the most recent iteration of their guidelines, the Center of Excellence for Transgender Health at the University of California-San

Francisco released recommendations based on their *Guidelines for the Primary and Gender-Affirmation Care of Transgender and Nonbinary People* (2016). Specifically, these guidelines outline how providers can create individualized treatment plans with transgender patients, noting specific health care concerns that might interact with transition-related care and how to best approach treatment plans with patients. Given the overwhelming evidence and precedent for offering transition-related care pursuant to individualized plans, there is no evidence to support insurance policies that exclude coverage for all transition-related care for transgender individuals.

Costs of Transition-Related Care

Along with transition-related care being considered medically necessary by medical and mental health experts, it is also considered cost effective for insurance companies to cover transition-related care. Padula et al. (2016) analyzed the Grant et al. (2011) dataset that sampled over 6,000 transgender individuals in the United States. Their statistical analysis indicates that it is cost-effective for the patient, the other persons insured, and the insurance company itself to cover transition-related care. They found that coverage would cost members approximately \$0.016 a month. When comparing this data to the current case, the differences appear negligible. In a memo dated 9/28/2005, ETF was provided with the cost impact of covering “all surgical procedures and hormone therapies” for the state insurance. The cost impact per paying member was estimated to be \$0.05 per month, indicating that the costs estimated per member are similar.

Regarding the cost to the insurance company, results also indicate that it is in the insurance company’s financial interest to cover transition-related care. Padula et al. (2016) note that a reason to consider transition-related care cost-effective is that denial of coverage could be costly to payers due to morbidity of failing to provide the care. Padula & Baker (2017) note that it is more costly to deny coverage to transgender patients because denial of care is associated

with increased disparities in depression, drug abuse, HIV, and additional conditions that are costly to treat. In fact, analyses indicate that without transition-related care, the costs related to treating depression, anxiety, drug abuse, etc. are estimated to be \$10,712 a year (Beck, 2015) indicating the economic benefit of insurance companies covering transgender-related care. In our study (dickey, Budge, Katz-Wise, & Garza, 2016) we discuss the disparities in health insurance coverage between transgender and cisgender individuals; we found that transgender individuals will often avoid seeking health care when they need it because they are worried about discrimination by providers or that their insurance will deny certain claims (Grant et al., 2011) and thus some health issues may be exacerbated by the lack of preventative or immediate care. This avoidance of health care has been shown to have deleterious health effects in marginalized populations (Becker, 2004)—which in turn would likely have economic consequences.

CLINICAL EVALUATION OF ALINA BOYDEN

As noted above, the American Psychological Association Task Force on Guidelines for Psychological Practice with Transgender and Gender Non-Conforming People (2015) indicate the important role psychologists have regarding transition-related care. Mental health professionals have several roles when they work with transgender clients. These roles can include (but are not limited to) the following: determining if a transgender client experiences dysphoria, if they meet criteria for a diagnosis of gender dysphoria, writing letters to physicians recommending hormones and/or surgery (if appropriate), and assisting clients with their decision-making regarding what types of transition-related care would be appropriate and necessary.

This section summarizes the information gathered from a psychological evaluation of Alina Boyden. I conducted one in-person 2.5-hour psychological evaluation of Alina Boyden on

January 28, 2018. I was asked to conduct a psychological evaluation of Alina to determine if she met criteria for gender dysphoria as well as to determine the medical necessity for gender transition-related medical care for Alina. Along with a psychological evaluation, I also reviewed several of Alina's medical records and documents related to appeals of denials of the Plaintiffs' requests for coverage of transition-related care.

Relevant Background

Alina Boyden is a 34-year-old woman who currently lives in Madison, Wisconsin with two housemates. Alina identifies as white, heterosexual, and transgender and uses she/her/hers pronouns. She was assigned a male gender when she was born. Other than the medical conditions listed below, she does not report any current physical or cognitive disabilities. Alina is currently a doctoral student in cultural anthropology at the University of Wisconsin-Madison. She has high academic functioning; specifically she has maintained a GPA of 3.9 in graduate school and is meeting all milestones in her academic program thus far. Her current source of income is through the University of Wisconsin-Madison, where she has received a fellowship to study Urdu to prepare her for field study in the fall of 2018. She experiences support from her parents and her younger brother and has several close friendships in Madison.

Alina's Gender Identity and Gender Dysphoria Diagnosis

Alina first started to recognize her gender identity when she was around the age of 4 or 5 and "thought every boy wanted to be a girl." She began to feel mounting distress as she got older, specifically around the age of 9 she considered cutting off her genitals with a knife but was concerned about what she would tell the paramedics and decided not to follow through with cutting them off. However, the distress related to her genitals did not dissipate as she continued

to age. She learned the term “transgender” on the Internet when she was 11 years old and was able to begin to internally consider that her gender identity was female.

As part of her process of learning more about her gender identity, Alina would present as a girl online in chat rooms. She said that she remained “in the closet” in high school, mainly because she thought that being transgender was “rare” and seemed like “bad luck.” All of her friends in high school were girls and she consciously sought out female support systems.

Alina came out as transgender to a close friend at the age of 18, right after beginning college at the University of California (UC) Santa Barbara. She was significantly depressed at the time. Her friend had recommended that she see a therapist and that prompted her to seek counseling at the university counseling center at UC Santa Barbara. She said: “it was 2002 and no one knew what to do”—elaborating that the therapists at the counseling center had not yet seen transgender clients at the clinic and that she felt as though she had to do “all of the educating,” even though she did not know much about the process of gender transitioning. Alina said that UC Santa Barbara was also a difficult place to transition, specifically that she went to the LGBT center on campus and she was the “only out trans person.”

As Alina began to navigate her gender identity, it became clear to her that she needed to both socially and medically transition to lessen her dysphoria. She began taking estrogen and anti-androgens in September/October of 2002. In August 2003, she found the first medical provider (Dr. Kevin Cook) at UC Santa Barbara who felt truly affirming for her. She said that this was helpful to get medical care related to her gender identity, but that by this time, she had been experiencing significant depression and anxiety to the point where she was “almost flunking out of school.” She was also prescribed several anti-depressants during this time period, but the medications were not helpful for her and did not resolve the dysphoria.

Around the fall of 2003, Alina came out to her family. Her mother had a negative reaction (e.g., wanting to throw holy water on Alina to “cure” her), her father stopped speaking to her, and her older brother made derogatory comments. She indicated that she had considered having gender confirmation surgery during this time, but she was concerned she did not have the money and she also wanted more stability with school, her family, and her mental health before pursuing surgery.

Regarding Alina’s mental health, the timeframe from when she was 18-21 was when she experienced her most challenging mental health concerns. She attributes these challenges partially to not being able to medically transition easily or fully, as well as having unsupportive reactions from others. Her only source of support she felt she had during this time was Dr. Cook at UC Santa Barbara, who was assisting her with her transition process. She said: “I would be dead if it weren’t for him.” For example, she attempted suicide numerous times during this time period, but Dr. Cook was explicit in his desire to assist her with moving forward in her transition process. She stopped feeling suicidal and stopped attempting suicide in 2006 after her older brother completed suicide and she saw “firsthand” what happens when a person dies by suicide; though she ceased feeling suicidal, her feelings of dysphoria remained.

Alina’s distress began to decrease after she had been on hormone therapy for a period of time. She also attributes her decrease in distress when she was living stealth (not telling anyone that she was transgender) and others accurately perceived her gender as a woman. Her family became more supportive and was using the correct name, Alina, and her correct pronouns (she/her/hers).

In the clinical interview conducted with Alina on January 28th, 2018, she met 6 out of 6 symptoms for Criterion A of Gender dysphoria. As noted above, Alina experiences incongruence

between her gender (female) and primary sex characteristics; she noted that this incongruence is associated with a strong desire have her genitals reconstructed since she was 9 years old. She started hormone therapy in 2002, with the intention of transforming secondary sex characteristics that are considered feminine (e.g., breasts, skin, fat distribution). She has strongly felt female since she was 4 or 5 years old and has been living as her affirmed gender since she was 18 years old. Her transition to being female was also aligned with a strong desire to be treated as a woman and she also experiences some stereotypical feelings and reactions that are associated with women and femininity.

Regarding Criterion B for gender dysphoria, Alina previously experienced and continues to experience clinically significant distress and impairment related to several areas of functioning. Of note, the time when she was most significantly distressed was when she was 18-21 years old and first beginning her gender transition. During this time, her academic functioning declined and she also experienced a substantial decline in social support as a result of coming out to others as transgender. During this time, her distress was so significant that she was “suicidal 100% of the time” and attempted suicide many times. Her dysphoria improved (though it did not completely dissipate) once she was able to stabilize her hormone therapy regimen and live her life fully as a woman. She is currently experiencing clinically significant distress derived from dysphoria related to her genitals. She is not currently experiencing a decrease in functioning related to academics, her social life, or occupational functioning; however, she notes that she is experiencing clinically significant distress related to how she was treated during specific medical appointments from 2014-2017. She has clinically significant distress related to being denied insurance coverage for gender confirmation surgery. Medical records spanning almost three

years also indicate that Alina was diagnosed with gender identity disorder/gender dysphoria from multiple providers.

Medical Necessity for Transition-Related Care

In my clinical opinion, Alina Boyden's experiences, cognitions, and emotions indicate the medical necessity for transition-related care. She was alert and able to provide informed consent related to possible future gender confirmation surgery. Alina described experiencing dysphoria since she was a child and the clinical distress related to her dysphoria has not been fully resolved by hormone therapy. As reported by Coleman et al. (2012), gender dysphoria will not be alleviated for some persons with gender dysphoria without modification of an individual's primary sex characteristics. Alina did not describe any mental health issues that would be contraindications to her having surgery and, in fact, her current dysphoric distress has a high likelihood of significantly decreasing if she were able to have gender confirmation surgery. She indicated that there is a likelihood of increased self-harm if she is not allowed access to gender confirmation surgery; this statement is congruent with one of the main reasons why surgery is considered medically necessary for many transgender individuals. It appears that Alina feels as though she has tried all avenues to receive the care she needs to decrease her dysphoria and that the barriers to this care have only exacerbated her dysphoria. A letter written by Dr. Webster on 5/19/2016 shows that he recommended genital surgery as a way of keeping her testosterone levels low, since she has experienced some difficulty regulating her testosterone levels. Thus, her medical provider has indicated additional reasons for the medical necessity of surgery for Alina.

CLINICAL EVALUATION OF SHANNON ANDREWS

In the previous section, I provide information based on the American Psychological Association's Task Force on Guidelines for Psychological Practice with Transgender and Gender

Non-Conforming People (2015) and the guidelines explicit statement of the role psychologists have regarding transition-related care. To reiterate, a psychologist's roles can include (but is not limited to) the following: determining if a transgender client experiences dysphoria, if they meet criteria for gender dysphoria, writing letters for hormones and/or surgery (if appropriate), and assisting clients with their decision-making regarding what types of transition-related care would be appropriate and necessary.

This section summarizes the information gathered from a psychological evaluation of Shannon Andrews and reviews of her records and communications with her other providers. I conducted one in-person 3-hour psychological evaluation of Shannon Andrews on January 27, 2018. I was asked to conduct a psychological evaluation of Shannon to determine if she met criteria for gender dysphoria as well as to determine the medical necessity for gender transition-related care for Shannon. Along with conducting a psychological evaluation, I also reviewed several of Shannon's medical records, specifically letters from her former therapist and from a psychologist and documents related to appeals of denials of the Plaintiffs' requests for coverage of transition-related care. I also spoke with her former therapist, Nyle Biondi, MA, LMFT.

Shannon Andrews is a 35-year-old woman who currently lives in Madison, Wisconsin with her girlfriend and a housemate. Shannon was assigned a male gender at birth. She identifies as a white, bisexual or lesbian, transgender woman and uses she/her/hers pronouns. She did not report any cognitive or physical disabilities during her clinical interview. Shannon grew up in Sun Prairie, Wisconsin, and moved away for educational reasons before moving back to Wisconsin. Shannon is currently a researcher at the Carbone Cancer Center at the University of Wisconsin-Madison. She enjoys the work she does, feels efficacious in her work, and receives

positive feedback about her employment. Shannon has several sources of support, namely her girlfriend, a close friend, and work colleagues.

Shannon's Gender Identity and Gender Dysphoria Diagnosis

Shannon did not learn about what the word transgender meant until she was a teenager. She remembers dressing in her mother's clothing when she was young, around the age of 4. She had a sense that she should not tell people about her feelings about being a girl when she was young, so she made a conscious effort to not talk about her gender identity with others. The first time she realized that there might be a word to describe her identity was when she was in 7th grade and she saw a movie that referenced transgender people in a derogatory manner.

When Shannon first started to understand her gender identity, she began to feel depressed and suicidal. She said she had been taught to feel ashamed of her identity and that there was something "wrong" with people who were like her. When she told her mother about her gender identity the first time when she was young, her mother did not react positively and Shannon told her mother that she would never dress in feminine clothes again (since she had been borrowing feminine clothes at home and secretly wearing them) and that she needed to "try to be normal" and pushed her identity aside.

She tried to ignore her gender identity for a couple of years, but she heard a couple of fellow high school students discussing the concept of gender confirmation surgery at school, which helped her realize that "being a trans woman was possible" and that she distinctly remembers thinking "I wish I could do that [have surgery]." However, she was reminded about how marginalized transgender women are and she was frightened for her future. She also felt as though she wanted to be taken seriously as a scientist and was worried that she would not be able to pursue a career in science if she transitioned in high school. Despite these fears, she "almost

came out as trans” at the age of 17 due to experiencing “turmoil,” including significant depression and feelings of withdrawal and alienation.

Shannon felt as though she was able to suppress her gender identity until around the years of 2007/2008. She thought she might be having a “nervous breakdown” about concealing her identity, but she met a woman whom she started dating and felt as though the timing was not right for her to begin transitioning. In 2009, she moved back to Wisconsin after completing a Ph.D. at Princeton University. Over the next couple of years, she was experiencing panic attacks related to concealing her identity from others. During this time, she was working as a post-doc at the University of Wisconsin-Madison and her distress related to concealing her gender identity was significantly impacting her ability to work. She said that she was in a “deep depression.” Throughout her post-doc years, she was starting to feel that it was “too late” to transition and contemplated suicide regularly. When the funding for her post-doc ended and she was no longer employed, she said “I felt like I lost everything and it felt like I would either die or be homeless.” This low point in her life prompted her to see a therapist in Madison.

Shannon started coming out to others as a woman and began her medical transition in 2012. She received her first official diagnosis of gender dysphoria from her therapist, Nyle Biondi, MS, LMFT. She began hormone therapy in 2012 when she sought services from a medical provider in Chicago. She was hired at the Wisconsin Institute for Discovery (WID) at the University of Wisconsin-Madison in October of 2013. During her employment, she experienced difficulties with a supervisor described as “hostile” and her employment was terminated in December of 2013. At this time, her mental health was steadily declining and she felt as though hormones were “my only lifeline.” Two months after her employment ended at

WID, she was hired at the Carbone Research Center at the university, which felt “like a turning point.”

When Shannon was hired in her current employment, she felt as though she was appreciated at work and she was able to excel at her job. Having this comfort of performing well at work increased her confidence to begin telling more people about her gender identity. She started telling friends and gave them permission to tell others within their social circle. She also came out to her parents who “took it well, were upset for a day, but were supportive after that.” After her probationary period ended at her current place of employment, she came out to her supervisors, both of whom were “very supportive.”

After having been on hormones and coming out to most people in her life, 2014 felt like the year when she could truly be herself. She started changing her name in legal documents. Susanne Gill, Ph.D., a psychologist, wrote a letter on 7/6/2015 confirming Shannon’s gender identity disorder (now known as gender dysphoria) diagnosis and recommended gender confirmation surgery for Shannon. Her therapist, Nyle Biondi, MA, LMFT, also wrote a letter confirming the diagnosis on 6/17/15 and recommended surgery as the appropriate next step in her transition process. Shannon then took funds out of her retirement account and funded gender confirmation surgery, which took place in 2015.

In the clinical interview conducted with Shannon on January 27, 2018, she met 6 out of 6 symptoms for Criterion A of gender dysphoria. Shannon expressed incongruence between her experienced gender (female) and primary sex characteristics. When asked specifically about her primary sex characteristics, Shannon said that the genitals she was born with felt like an “alien entity that had been grafted onto my body.” As a young child, she experienced her genitals feeling “out of place,” but they significantly distressed her when she began puberty. As Shannon

began puberty and continued through her 20's, she expressed having a strong desire to not have her genitals any longer, resulting in her seeking gender confirmation surgery in 2015. Her dysphoria was related to additional characteristics prior to starting hormone therapy or having surgery, such as discomfort when her chest was bare (which felt inappropriate to her), discomfort with body hair, wanting to hide her facial features, discomfort with the breadth of her shoulders and rib cage. She also expressed some dysphoria related to her voice, her hair, and how she felt in masculine clothes. Some of her dysphoria has dissipated with time, since she has experienced positive outcomes from hormone therapy, training her voice, and expressing her gender through feminine clothing. It was clear from the clinical interview that she has felt female from a young age and that she has been living as her affirmed gender for several years. When describing "typical" feelings related to being a woman, Shannon said that she knows there is not a "correct way to be a woman"; however, she has always been drawn to femininity and expressions that explicitly are not male.

Regarding Criterion B for gender dysphoria, Shannon was formerly and continues to be clinically significantly distressed. She has had previous experiences of impairment related to several areas of functioning and she also continues to experience impairment in several areas of functioning. When describing distress and impairment, her gender-related distress was so strong when she was younger that she started feeling suicidal at 8 years old. Throughout childhood and young adulthood, she assumed she would kill herself at some point, due to not being able to be herself. As noted above, she experienced impairment in functioning related to employment at several points in her life due to gender-related distress. She also continues to experience impairment in social functioning, specifically related to social anxiety and fears of how people perceive her gender.

According to her records, Shannon was given a diagnosis of gender dysphoria in June 2015 from her therapist, Nyle Biondi, MS LMFT. A separate record indicates she was also given a diagnosis of gender identity disorder in June 2015 from Susanne Gill, PhD.

Medical Necessity for Transition-Related Care

In my clinical opinion, Shannon Andrews reports experiences, cognitions, and emotions that indicated the medical necessity for previous (hormone therapy and genital surgery) and indicate the need for future (facial feminization surgery) transition-related care. Shannon describes experiencing dysphoria since she was a child. She reported that a significant amount of her distress was alleviated through hormone therapy and genital surgery; she anticipates that her remaining dysphoria related to her facial features will decrease after her planned surgery in February 2018. The past and anticipated reduction in dysphoria is in alignment with Coleman et al.'s (2012) indication that surgery to reconstruct one's secondary sex characteristics can be medically necessary to reduce dysphoria. She was alert and able to provide informed consent related to facial feminization surgery. Shannon continues to experience symptoms of anxiety, which are closely related to her experiences of dysphoria. Shannon does not describe any mental health issues that would have contraindicated her gender confirmation surgery or would be a contraindication for her having facial feminization surgery. It does appear that she will have a reduction in her remaining dysphoria after she is able to access the surgery in February 2018.

When asked about her perception of the medical necessity of transitioning, Shannon said that the medical necessity of these treatments was clear to her. After she began hormone therapy, it was like "the blood was removed from my body and replaced with lightening...everything was sharper, clearer, and more immediately present." When describing her experiences after having genital surgery, she said: "this feeling of low-grade omnipresent horror was gone and the world

made sense for the first time.” She compared the feeling to being buried alive but then exhumed and able to breathe. When asked what would have happened if she had not been able to access hormone therapy or genital surgery, she said: “I would have killed myself if I had not been able to transition. No question. The choice was clear between transition and suicide and no third option...life would not be worth living.” When speaking with her former therapist, Nyle Biondi, MA, LMFT, he confirmed what Shannon had said in the clinical interview. He said, with confidence, that Shannon would “not be alive today if she had not been able to transition.” He also confirmed that it was medically necessary for Shannon to have facial feminization surgery to reduce her remaining dysphoria.

Conclusion

I was retained as an expert witness to answer the following questions: (1) is transition-related medical care for transgender individuals medically necessary? (2) is there a health care justification for a policy of excluding coverage of all “procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment” (ETF Uniform Benefits: Exclusions and Limitations, p. 39)? (3) is there evidence indicating that covering transition-related care will be costly to insurance providers? (4) does Alina Boyden meet criteria for gender dysphoria? (5) does Shannon Andrews meet criteria for gender dysphoria? and (6) if either or both individuals meet criteria for gender dysphoria, would transition-related care for the plaintiffs be considered medically necessary?

Above, I outlined the evidence indicating that transition-related medical care is medically necessary for many transgender individuals. Notably, every major psychological and medical association in the United States indicates that transition-related medical and mental health care is necessary for improving mental and physical health for many transgender individuals (Baker,

2017). The preeminent international organization (World Professional Association for Transgender Health) focused on transgender related care has outlined the wide basis of evidence indicating why these treatments are considered medically necessary (see Coleman et al., 2012) and this report outlines more recent evidence that continues to support the necessity and efficacy of these treatments. In addition, there is no evidence to support ETF excluding coverage for all transition-related care for transgender individuals. As well, the evidence indicates that the cost of covering transition-related care for transgender individuals is minimal. It is my professional opinion that both Alina Boyden and Shannon Andrews currently meet criteria for gender dysphoria and have met criteria for gender dysphoria for many years. Both Alina and Shannon report information that is consistent with the medical necessity for transition-related medical care, including hormone therapy, gender confirmation surgery and, for Shannon, facial feminization surgery. Notably, they also report that not being able to access transition-related care exacerbated and exacerbates their symptoms of dysphoria.

Respectfully submitted,



Stephanie Budge, Ph.D.

DATE: ____ 02/19/2018 ____

Appendix A

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

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

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

APA Student Travel Award **5/2011**

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	
APA Student Travel Award	5/2010
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)	
APA Student Travel Award	5/2009
APA Student Travel Award	5/2008

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.
10. *Katz-Wise, S.L., Reisner, S.L., White, J.M., & **Budge, S.L.** (2017). Self-reported changes in attractions and social determinants of mental health in transgender adults. *Archives of Sexual Behavior, 46*, 1425-1439.
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.
16. *dickey, I.m., **Budge, S.L.**, Katz-Wise, S.L., & Garza, M.V. (2016). Health disparities in the transgender community: Exploring differences in insurance coverage. *Psychology of Sexual Orientation and Gender Diversity, 3*, 275-282.
17. *Barr, S.M., **Budge, S.L.**, & Adelson, J.L. (2016) Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology, 63*, 87-97.
18. ***Budge, S.L.**, Thai, J.L., Tebbe, E., & Howard, K.H. (2016) The intersection of socioeconomic status, race, sexual orientation, transgender identity, and mental health outcomes. *The Counseling Psychologist, 44*, 1025-1049.
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.
21. *Tebbe, E.A., Moradi, B., & **Budge, S.L.** (2016). Enhancing scholarship focused on trans people and issues. *The Counseling Psychologist*, *44*, 950-959.
22. ***Budge, S.L.** (2015). Psychotherapists as gatekeepers: An evidence-based case-study highlighting the role and process of letter-writing for transgender clients. *Psychotherapy*, *52*, 287-297.
23. *Kopta, M., Owen, J.J., & **Budge, S.L.** (2015). Measuring psychotherapy outcomes with the Behavioral Health Measure-20: Efficient and comprehensive. *Psychotherapy*, *52*, 442-448.
24. *Watkins, C.E., **Budge, S.L.**, & Callahan, J.L. (2015). Common and specific factors converging in psychotherapy supervision: A supervisory extrapolation of the Wampold/Budge psychotherapy relationship model. *Journal of Psychotherapy Integration*, *25*, 214-235.
25. *Owen, J.J., Adelson, J.L., **Budge, S.L.**, Wampold, B.E., Kopta, M., Minami, T., & Miller, S.D., (2015). Trajectories of change in short-term psychotherapy. *Journal of Clinical Psychology*, *71*, 817-827.
26. ***Budge, S.L.** (2015). The effectiveness of psychotherapeutic treatments for personality disorders: A review and critique of current research practices. *Canadian Psychology*, *56*, 191-196.
27. *Owen, J.J., Adelson, J.L., **Budge, S.L.**, Reese, R.J., & Kopta, M.M. (2015). Good-Enough Level and Dose-Effect models: Variation among outcomes and therapists. *Psychotherapy Research*, *26*, 22-30.
28. *Katz-Wise, S.L. & **Budge, S.L.** (2015). Cognitive and interpersonal identity processes related to mid-life gender transitioning in transgender women. *Counseling Psychology Quarterly*, *28*, 150-174.
29. ***Budge, S.L.**, Orovecz, J., & Thai, J.L. (2015). Trans men's positive emotions: The interaction of gender identity and emotion labels. *The Counseling Psychologist*, *43*, 404-434.
30. ***Budge, S. L.**, Keller, B.L., & Sherry, A. (2015) A qualitative investigation of lesbian, gay, bisexual, and queer women's experiences of sexual pressure. *Archives of Sexual Behavior*, *44*, 813-824.
31. ***Budge, S.L.** (2014). Navigating the balance between positivity and minority stress for LGBTQ clients who are coming out. *Psychology of Sexual Orientation and Gender Diversity*, *1*, 350-352.
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.
34. ***Budge, S.L.** (2013). Interpersonal psychotherapy with transgender clients. *Psychotherapy*, *50*, 356-359.

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.
36. ***Budge, S.L.**, Adelson, J.L., & Howard, K.H. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, *81*, 545-557.
37. ***Budge, S.L.**, Owen, J.J., Kopta, S.M., Minami, T., Hanson, M.R., & Hirsch, G (2013). Differences among trainees in client outcomes associated with the Phase Model of Change. *Psychotherapy*, *50*, 150-157.
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.
42. *Valdez, C. R., Dvorscek, M., **Budge, S.L.**, & Esmond, S.L. (2011). Provider perspectives of Latino patients: Determinants of care and implications of treatment. *The Counseling Psychologist*, *39*, 497-526.
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., & Rossman, H.K. *Queering emotions: A content analysis of non-binary and genderfluid individuals' experiences of affect*.
2. **Budge, S.L.**, Rossman, 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. Rossman, 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. Rossman, 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. Rossmann, 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. **Rossman, 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. **Rossman, 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., Rossman, 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)	2017
Advanced Assessment Techniques (new curriculum)	2017
LGBT Psychology (new curriculum)	2016
Advanced Doctoral Clinical Practicum (new course)	2016
Foundational Doctoral Clinical Practicum (new course)	2016
Master's Pre-Practicum (new course)	2015
Helping Relationships & Techniques (new course)	2014

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

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

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

Co-Chair of Science Committee	8/2011 - current
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

University Committee

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

School of Education Committee

Information Technology Policy Advisory Committee	8/2014 – current
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Department Committee

Doctoral Training Committee	8/2015 – current
Doctoral Admissions Chair	8/2017 - current

Social Justice Committee (chair)	8/2016 - current
Salary and Promotion Committee	8/2016 - current
Masters Training Committee	8/2014 – 8/2015

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 McArdell 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)

Appendix B

Bibliography:

- Burnes, T. R., Singh, A. A., Harper, A. J., Harper, B., Maxon-Kann, W., Pickering, D. L., & Hosea, J. U. L. I. A. (2010). American Counseling Association: Competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling, 4*(3-4), 135-159.
- American Medical Association. (2008). *Resolution 122 (A-08)*. Retrieved from http://www.tgender.net/taw/ama_resolutions.pdf.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *The American Psychologist, 70*(9), 832.
- American Psychoanalytic Association (2012). *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression*. Retrieved from: <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.
- American Psychological Association, Task Force on Gender Identity and Gender Variance. (2009). *Report of the Task Force on Gender Identity and Gender Variance*. Washington, DC: Author.
- Baker, K. E. (2017). The future of transgender coverage. *New England Journal of Medicine, 376*(19), 1801-1804.
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of counseling psychology, 63*(1), 87.
- Beck, J. (2015). Covering transgender related care is good economics for insurance companies. *The Atlantic*. Retrieved from: <https://www.theatlantic.com/health/archive/2015/12/covering-transgender-health-care-is-good-economics-for-insurance-companies/417804/>.
- Becker, G. (2004). Deadly Inequality in the Health Care “Safety Net”: Uninsured Ethnic Minorities' Struggle to Live with Life-Threatening Illnesses. *Medical Anthropology Quarterly, 18*(2), 258-275.
- Black, D. W., & Grant, J. E. (2014). *DSM-5 guidebook: the essential companion to the diagnostic and statistical manual of mental disorders*. Washington, DC: Author.

- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American journal of public health, 103*(5), 943-951.
- Brierley, H. (2000). Gender identity and sexual behaviour. In P. C. Rodriguez-Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 104-126). New York, NY: Columbia University Press.
- Budge, S. L., Adelson, J. L., & Howard, K. A. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology, 81*, 545–557.
- 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*(1), 12.
- Budge, S. L., Katz-Wise, S. L., Tebbe, E. N., Howard, K. A. S., Schneider, C. L., & Rodriguez, A. (2013). Transgender emotional and coping processes: Facilitative and avoidant coping throughout gender transitioning. *The Counseling Psychologist, 41*, 601–647.
- Budge, S. L., Orovecz, J. J., & Thai, J. L. (2015). Trans men's positive emotions the interaction of gender identity and emotion labels. *The Counseling Psychologist, 43*, 404 – 434.
- Byne, W., Bradley, S. J., Coleman, E., Eyler, A. E., Green, R., Menvielle, E. J., ... & Tompkins, D. A. (2012). Report of the American Psychiatric Association task force on treatment of gender identity disorder. *Archives of sexual behavior, 41*(4), 759-796.
- Center of Excellence for Transgender Health (2016). *Guidelines for the Primary and Gender-Affirmation Care of Transgender and Nonbinary People*. San Francisco, CA: Author.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism, 13*(4), 165-232.
- Colizzi, M., Costa, R., & Todarello, O. (2014). Transsexual patients' psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: results from a longitudinal study. *Psychoneuroendocrinology, 39*, 65-73.
- De Cuypere, G., TSjoen, G., Beerten, R., Selvaggi, G., De Sutter, P., Hoebeke, P., ... & Rubens, R. (2005). Sexual and physical health after sex reassignment surgery. *Archives of sexual behavior, 34*(6), 679-690.
- dickey, I.m., Budge, S. L., Katz-Wise, S. L., & Garza, M. V. (2016). Health disparities in the transgender community: Exploring differences in insurance coverage. *Psychology of Sexual Orientation and Gender Diversity, 3*(3), 275.
- Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). *How Many Adults Identify as*

- Transgender in the United States?* Los Angeles, CA: The Williams Institute.
- Fraser, L. (2015). Gender Dysphoria: Definition and Evolution Through the Years. In *Management of Gender Dysphoria* (pp. 19-31). Springer Milan.
- Gilbert, L. A., & Scher, M. (2009). *Gender and sex issues in counseling and psycho-therapy*. Boston, MA: Allyn & Bacon.
- Glynn, T. R., Gamarel, K. E., Kahler, C. W., Iwamoto, M., Operario, D., & Nemoto, T. (2016). The role of gender affirmation in psychological well-being among transgender women. *Psychology of sexual orientation and gender diversity*, 3(3), 336.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: National Trans Discrimination Survey*. Washington, DC: National Center for Trans Equality and National Gay and Lesbian Task Force.
- Hess, J., Neto, R. R., Panic, L., Rübben, H., & Senf, W. (2014). Satisfaction with male-to-female gender reassignment surgery: Results of a retrospective analysis. *Deutsches Ärzteblatt International*, 111(47), 795.
- Heylens, G., Verroken, C., De Cock, S., T'sjoen, G., & De Cuypere, G. (2014). Effects of different steps in gender reassignment therapy on psychopathology: a prospective study of persons with a gender identity disorder. *The journal of sexual medicine*, 11(1), 119-126.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Ana, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- Krege, S., Bex, A., Lümmer, G., & Rübben, H. (2001). Male-to-female transsexualism: A technique, results and long-term follow-up in 66 patients. *BJU international*, 88(4), 396-402.
- Kuiper, B., & Cohen-Kettenis, P. (1988). Sex reassignment surgery: a study of 141 Dutch transsexuals. *Archives of sexual behavior*, 17(5), 439-457.
- Lambda Legal (2017). *Professional organization statements supporting transgender people in health care*. Retrieved from: https://www.lambdalegal.org/sites/default/files/publications/downloads/ll_trans_professional_statements_17.pdf
- Luders, E., Sánchez, F. J., Gaser, C., Toga, A. W., Narr, K. L., Hamilton, L. S., & Vilain, E. (2009). Regional gray matter variation in male-to-female transsexualism. *Neuroimage*, 46(4), 904-907.
- Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: A

- meta-regression of population-based probability samples. *American journal of public health*, 107(2), e1-e8.
- Meyer, J. K., & Reiter, D. J. (1979). Sex reassignment: Follow-up. *Archives of General Psychiatry*, 36(9), 1010-1015.
- Mizock, L., Mougianis, E., Meier, C., & Moundas, S. (2015). Gender Diversity and Transgender Identity in Youth. *Journal of Sexual Medicine*, 5, 1892-1897.
- Morselli, E., Frank, A. P., Santos, R. S., Fátima, L. A., Palmer, B. F., & Clegg, D. J. (2016). Sex and Gender: Critical Variables in Pre-Clinical and Clinical Medical Research. *Cell metabolism*, 24(2), 203-209.
- Padula, W. V., & Baker, K. (2017). Coverage for Gender-Affirming Care: Making Health Insurance Work for Transgender Americans. *LGBT health*, 4(4), 244-247.
- Padula, W. V., Heru, S., & Campbell, J. D. (2016). Societal implications of health insurance coverage for medically necessary services in the US transgender population: a cost-effectiveness analysis. *Journal of general internal medicine*, 31(4), 394-401.
- Pauly, I. B. (1981). Outcome of sex reassignment surgery for transsexuals. *Australian & New Zealand Journal of Psychiatry*, 15(1), 45-51.
- Rametti, G., Carrillo, B., Gómez-Gil, E., Junque, C., Segovia, S., Gomez, Á., & Guillamon, A. (2011). White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study. *Journal of psychiatric research*, 45(2), 199-204.
- Regier, D. A., Kuhl, E. A., & Kupfer, D. J. (2013). The DSM-5: Classification and criteria changes. *World Psychiatry*, 12(2), 92-98.
- Rehman, J., Lazer, S., Benet, A. E., Schaefer, L. C., & Melman, A. (1999). The reported sex and surgery satisfactions of 28 postoperative male-to-female transsexual patients. *Archives of sexual behavior*, 28(1), 71-89.
- Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries: "do-it-yourself" transitions in transgender communities in Ontario, Canada. *American journal of public health*, 103(10), 1830-1836.
- Sanchez, F.J. & Pankey, T. (2017). *Essentialist views on sexual orientation and gender identity*. In DeBord, Kurt A. (Ed); Fischer, Ann R. (Ed); Bieschke, Kathleen J. (Ed); Perez, Ruperto M. (Ed). *Handbook of sexual orientation and gender diversity in counseling and psychotherapy*, (pp. 51-74). Washington, DC, US: American Psychological Association.

- Savic, I., & Arver, S. (2011). Sex dimorphism of the brain in male-to-female transsexuals. *Cerebral Cortex*, *21*(11), 2525-2533.
- Singh, A.A. & dickey, l.m. (2017). *Introduction*. In Singh, Anneliese (Ed); dickey, lore m. (Ed). *Affirmative counseling and psychological practice with transgender and gender nonconforming clients.*, (pp. 4-18). Washington, DC, US: American Psychological Association.
- Spizzirri, G., Duran, F. L. S., Chaim-Avancini, T. M., Serpa, M. H., Cavallet, M., Pereira, C. M. A., ... & Abdo, C. H. N. (2018). Grey and white matter volumes either in treatment-naïve or hormone-treated transgender women: a voxel-based morphometry study. *Scientific reports*, *8*(1), 736.
- Stroumsa, D. (2014). The state of transgender health care: policy, law, and medical frameworks. *American journal of public health*, *104*(3), e31-e38.
- Tran, B. N. N., Epstein, S., Singhal, D., Lee, B. T., Tobias, A. M., & Ganor, O. (2018). Gender Affirmation Surgery: A Synopsis Using American College of Surgeons National Surgery Quality Improvement Program and National Inpatient Sample Databases. *Annals of Plastic Surgery*. (Published online ahead of reprint).
- van de Grift, T. C., Elaut, E., Cerwenka, S. C., Cohen-Kettenis, P. T., & Kreukels, B. P. (2018). Surgical satisfaction, quality of life, and their association after gender-affirming surgery: a follow-up study. *Journal of sex & marital therapy*, *44*, 138-148.
- White Hughto, J. M., & Reisner, S. L. (2016). A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender health*, *1*(1), 21-31.
- Wierckx, K., Van Caenegem, E., Elaut, E., Dedeker, D., Van de Peer, F., Toye, K., ... & T'sjoen, G. (2011). Quality of life and sexual health after sex reassignment surgery in transsexual men. *The journal of sexual medicine*, *8*(12), 3379-3388.
- Wilson, E. C., Chen, Y. H., Arayasirikul, S., Wenzel, C., & Raymond, H. F. (2015). Connecting the dots: examining transgender women's utilization of transition-related medical care and associations with mental health, substance use, and HIV. *Journal of Urban Health*, *92*(1), 182-192.
- WPATH.org (2017). World Professional Association for Transgender Health mission and values. Retrieved from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=3910 on February 17, 2017.
- Zucker, K. J., & Spitzer, R. L. (2005). Was the gender identity disorder of childhood diagnosis introduced into DSM-III as a backdoor maneuver to replace homosexuality? A historical note. *Journal of Sex & Marital Therapy*, *31*(1), 31-42.