

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

CODY FLACK,
SARA ANN MAKENZIE,
MARIE KELLY, and
COURTNEY SHERWIN,

Plaintiffs,

v.

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

Defendants.

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

EXPERT WITNESS REPORT OF STEPHANIE L. BUDGE, PhD, LP

I. INTRODUCTION

My name is Stephanie L. Budge, PhD, LP. I am a licensed psychologist, specializing in issues of gender identity and gender transition processes. I am an Associate Professor of Counseling Psychology (tenure-track) at the University of Wisconsin-Madison (“UW-Madison”) in the School of Education’s Department of Counseling Psychology. I have been retained by counsel for Plaintiffs in the above-captioned matter to provide an expert witness report to:

- (a) address psychological understanding of gender identity, gender dysphoria, and sex; and
- (b) provide my expert opinion on the psychological benefits and medical necessity of medical interventions for gender dysphoria, including hormone therapy and gender confirming surgeries.

II. BACKGROUND AND QUALIFICATIONS

A. Qualifications

My professional background, experiences, publications, and presentations are detailed in my Curriculum Vitae, attached as Exhibit A to this report.

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

I have been tenure-track professor at UW-Madison since August 2016, when I was appointed an Assistant Professor of Counseling Psychology. In August 2018, I was elevated to the rank of Associate Professor. Previously, I was a visiting Assistant Professor of Counseling Psychology at UW-Madison from August 2014 to July 2016, and an Assistant Professor in the Department of Counseling and Human Development at the University of Louisville from 2011 to 2014.

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 sex 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). I have been a health psychologist with the University of Wisconsin Hospital and Clinics and American Family Children's Hospital since July 2017.

As a faculty member at the University of Wisconsin-Madison, I teach courses that focus on training master's and doctoral students to become mental health professionals and psychological researchers. My faculty appointment has included clinical work at the Counseling Psychology Training Clinic (CPTC), where I have provided pro bono therapy to transgender individuals and training to students in best practices in clinical work with transgender clients. As part of my faculty appointment, I direct the Trans Research Lab (TRL). As director of the lab, I design research projects that focus on transgender individuals' mental health. One of the current research projects is a clinical trial focusing on the efficacy of psychotherapy for transgender individuals. As part of this clinical trial, I trained all of the therapists in assessing gender dysphoria and writing letters for transition-related medical care for transgender clients. Since July 2018, I have served as the Director of AHEAD (Advancing Health Equity and Diversity) at the Institute for Clinical and Translational Research in UW-Madison's School of Medicine and Public Health.

I have published 70 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 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, I (along with colleagues) received the 2017 award for *The Counseling Psychologist* related to a major contribution on *Research on Transgender People and Issues*. I received the 2015 American Psychological Association Early Career Award for work with LGBT populations from the Society for Counseling Psychology and I was the first recipient of the American Psychological Association's Transgender Research Award in 2010. Locally, I am also a member of the Wisconsin Trans Health Coalition (WTHC), which is an organization focused on improving health care for transgender individuals throughout Wisconsin. My primary role on the coalition is to consult on research projects and collect data about transgender individuals in Wisconsin to tailor health care interventions for

local community members. For my community-focused research with the WTHC, I received the UW-Madison School of Education 2018 Community Engaged Scholar award.

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

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

B. Prior Expert Witness Testimony

In the last four years, I have testified as an expert witness in two cases. First, I was 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 U.S. Department of Justice Executive Office for Immigration Review. I prepared an expert report for that case in May 2015 and testified at the hearing on September 8, 2015. That case is not public. Second, I testified as an expert witness at deposition and trial in *Boyden v. Conlin*, No. 17-cv-264 (W.D. Wis.), in 2018.

C. 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.

III. BASIS FOR OPINIONS

My opinions are based on my clinical experience treating transgender individuals with gender dysphoria; my research findings from my own scholarship; my review of the seminal and influential peer-reviewed psychological and public health research on transgender individuals, including the most current research, published as recently as this year (listed in the bibliography attached to this report as Exhibit B); and my review of and familiarity with the current diagnostic criteria and standards of care for gender dysphoria.

IV. DEFINITIONS AND KEY CONCEPTS

The following are up-to-date definitions of terms and concepts that I use in this report.

Sex: Sex refers to one's classification as male, female, or neither male nor female. The term refers to the sum of a person's biological characteristics (e.g., chromosomes, hormones, reproductive organs, and secondary sex characteristics) and gender identity (i.e., internal sense of being male or female) (Singh & dickey, 2016). The majority of individuals born with vaginas, clitorises, vulvas, ovaries, and uteruses, and who have XX chromosomes, will identify as women and experience themselves as female. Conversely, the majority of individuals born with penises, testes, and XY chromosomes will identify as men and experience themselves as male. However, there are many variations that may differ from that typical course, such as transgender people and those with intersex conditions and sex chromosome conditions (e.g., Turner Syndrome, Klinefelter Syndrome) (Morselli et al., 2016). A person's sex cannot be defined by one single physiological or anatomical characteristic. 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 because it is the only cognitive (and uniquely human) construct associated with sex. (Singh & dickey, 2016).

Gender identity: Gender identity is a term that has broad psychological and medical consensus 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 all 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. Many researchers have found relationships between biological factors influencing multiple aspects of gender identity (see Sanchez & Pankey, 2017, for a review).

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

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

Gender transition: For most transgender individuals, a gender transition or "transitioning" is considered psychologically and medically necessary. Transition can take either or both of two forms: (a) social transition, and (b) medical transition (American Psychological Association, 2015). As part of a *social transition*, an individual will typically 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, though

this list is not exhaustive. *Medical transition* includes any medical procedure to assist a transgender individual with achieving primary and/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).

Gender dysphoria: Gender dysphoria is the medical and psychiatric term for that gender incongruence. 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 and requires formal clinical training to understand the full context of using the manual (Black & Grant, 2014). The most current medical diagnosis included within the World Health Organization's International Classification of Diseases (ICD-10) is Gender Identity Disorder. Gender Identity Disorder was first identified as a mental health disorder in the DSM-III in 1973 (Zucker & Spitzer, 2005). After several iterations, Gender Identity Disorder was updated to Gender Dysphoria in the DSM-5 in 2013 to account for recent developments in understanding transgender identity (Regier, Kuhl, & Kupfer, 2013).

V. DIAGNOSIS AND TREATMENT OF GENDER DYSPHORIA

A. Diagnostic Criteria for Gender Dysphoria

Under the DSM-5, there are two criteria for identifying gender dysphoria in adolescents and adults (302.85), Criterion A and Criterion B.¹

¹ There is a separate diagnosis of Gender Dysphoria in Children (302.6) in the DSM-5 that is provided for pre-pubertal individuals meeting criteria for the diagnosis.

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

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

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

Individuals who are diagnosed with gender dysphoria present with a variety of symptoms, and typically indicate an intense need to present themselves and be viewed by others in accordance with their gender identity (that differs from their sex assigned at birth). When clients with gender incongruence 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., 2013; Coleman et al., 2012; Wilson, Chen, Arayasirikul, Wenzel, & Raymond, 2015).

According to the DSM-5, gender dysphoria is often associated with clinically significant distress or impairment in social, occupational, educational, or other important areas of functioning. When Gender Identity Disorders were first introduced in the DSM-III, which was published in 1980, it was primarily focused on “complaints” related to anatomy, comorbid “personality disturbances,” and a need for medical intervention (Vitale, 2005). In the DSM-IV-TR, published in 2000, a singular Gender Identity Disorder subsumed developmental stages (in children, in adolescents and adults, and not otherwise specified) and focused primarily on binary gender identity and often used language that focused on the sex assigned at birth, rather than the affirmed gender of the individual (Vitale, 2005). The most recent iteration of the DSM, DSM-5 (APA, 2013), was adapted to include less binary-focused language. The changing of the name from Gender Identity Disorder to Gender Dysphoria was meant to be less pathologizing and more descriptive of the experiences of transgender individuals (Fraser, 2015).

B. Standards of Care for the Treatment of Gender Dysphoria in Transgender Individuals

The World Professional Association for Transgender Health (WPATH) publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (SOC) that are considered the international standards for medical and mental health treatment for transgender individuals. 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 “prove” a person’s gender identity; instead, they help to bring the person’s external appearance and gender expression in line with who the person really is.

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. As well, 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, 2019). Those include the American Psychological Association, the American Psychiatric Association, the American Counseling Association, and the American Medical Association. WPATH has published the SOC since 1979. The Seventh Version of the SOC was published in 2012.

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” (Baker, 2017, p. 1801). The American Psychiatric Association’s Task Force on Treatment of Gender Identity Disorder (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 [Gender Identity Disorder]” (p. 768). The American Psychological Association’s Task Force on

Gender Identity and Gender Variance (2009) report indicates: “For individuals who experience such distress, hormonal and/or surgical sex reassignment may be medically necessary to alleviate significant impairment in interpersonal and/or vocational functioning. Indeed, when recommended in clinical practice, gender confirmation surgery is almost always medically necessary, not elective or cosmetic” (p. 32). In 2015, the American Psychological Association issued 16 guidelines for psychological practice with transgender and gender non-conforming people (APA, 2015). These guidelines highlight the importance of psychologists providing letters to support transgender people seeking medically necessary care. The guidelines also indicate that psychologists should be aware of the research-based evidence reporting the positive outcomes of hormones and surgery for transgender clients, and that psychologists often play an essential role in the process of facilitating access to these medically necessary treatments.

C. Psychological Benefits of Medical Interventions for Gender Dysphoria

The primary reason for the medical necessity of hormone therapy and gender confirmation surgery is demonstrated in the psychosocial benefits of these treatments. The current SOC are based on nearly four decades of data that demonstrate the beneficial psychosocial outcomes of hormone therapy and gender confirmation surgery. Notably, the SOC emphasize the medical necessity of hormone therapy, primarily focusing on the evidence that hormone therapy is associated with significant reductions in depression, anxiety, and suicidality, as well as improved overall quality of life. In addition, the SOC state that the vast majority of studies have established that gender confirmation surgery has irrefutable psychosocial benefits, such as general satisfaction with surgery, satisfaction with sexual functioning, improved well-being, and improved quality of life.

a. Hormone Therapy

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. Fisher et al. (2016) compared a hormone therapy group to a no hormone therapy group for individuals diagnosed with gender dysphoria. Analyses indicated that gender dysphoria showed a statically significant decrease over four time points for those engaging in hormone therapy. Results also indicate that depression and body uneasiness also decreased over the four time points for those engaging in hormone therapy. In an additional study that compared matched control groups of transgender individuals using in hormone therapy versus those who were not using hormone therapy, Witcomb et al. (2018) found that transgender individuals not using hormone therapy were four times more likely to report depressive symptoms than transgender individuals using hormone therapy. As well, Keo-Meier et al. (2015) conducted a study to determine if transgender men using hormone therapy demonstrate improvement in mental health concerns when compared to cisgender men and women as controls. The study indicated that transgender men reported a statistically significant decrease in mental health concerns when compared to cisgender men and women as controls; the outcome measure included subscales on the Minnesota Multiphasic Personality Inventory-II (MMPI-II), which has been validated with thousands of individuals.

Additional studies indicate that suicidal ideation is significantly lower for transgender individuals who receive hormone therapy versus those who do not (Bauer et al., 2015; Wilson et al., 2015).

In addition to longitudinal studies that have focused on hormone therapy alone, studies also indicate that hormone therapy and gender confirmation surgery together are extremely effective in reducing psychological distress and increasing psychological well-being. In their recent study, Tucker et al. (2018) found that transgender individuals who had undergone hormone therapy and gender confirming surgery (GCS) reported lower suicidal ideation within the past year and past two weeks when compared to transgender individuals who had not received any medical treatments or only one medical treatment. In Owen-Smith et al.'s 2018 study, individuals who had engaged in hormone therapy reported less psychological distress than the no treatment group, and individuals who had GCS (the majority of whom had also engaged in hormone therapy) demonstrated additional improvements; for example, depression scores decreased by 25% for those engaging in hormone therapy and decreased by an additional 40% for those who had genital surgeries.

b. Gender Confirming Surgeries

The most recent studies regarding the outcomes of surgery indicate even stronger treatment benefits. The most current research confirms what previous studies have shown regarding positive outcomes from gender confirmation surgery, namely that quality of life and mental health outcomes only continue to improve after surgery and that patients do not experience regret related to the procedures (e.g., Glynn et al., 2016; van de Grift et al., 2018). In addition to the substantial body of literature noting the positive psychosocial outcomes of hormone therapy and gender confirmation surgery, research also shows that *failure* to provide

transition-related medical care can lead to significant harm. For example, Glynn et al. (2016) report that some transgender individuals may engage in harmful behaviors, such as self-surgery or use of non-prescribed hormones, primarily if they are denied access to medical care and/or cannot afford the treatment(s).

A number of peer-reviewed studies focus on the objective effects of gender dysphoria treatments using validated gender dysphoria measures (*see* Garcia & Karasic, 2018; Glynn et al., 2016; Fisher et al., 2016; van de Grift et al., 2018)—all of which have noted significant reductions in gender dysphoria post-surgery. As reflected in these peer-reviewed studies, there is strong evidence of significant improvement in mental health outcomes for transgender individuals with gender dysphoria following surgery. Tucker et al. (2018) reported that depression (measured with the Patient Health Questionnaire-9 (PHQ-9)) was lowest for the groups who had gender confirmation surgery; the PHQ-9 is a widely used and well-validated scale. Owen-Smith et al. (2018) reported that depression and anxiety (measured by the Beck Anxiety Inventory and Center for Epidemiologic Studies Depression Scale) were significantly greater for individuals who had not had gender confirmation surgery; the scales used in this study are also widely used and well-validated. The conclusions of these studies are in alignment with my clinical experience treating transgender patients with gender dysphoria. In my years of clinical experience working with transgender individuals, quality of life and satisfaction measures most closely align with how clients discuss their outcomes in therapy. In addition, it is these factors that are often noted for clinical improvement when determining if a client's functioning or mental health seems to be improving.

A significant benefit of gender confirming surgical treatments for gender dysphoria is a reduction in suicidal ideation among transgender individuals in need of such care. The weight of

peer-reviewed research on the effects of gender confirming care on suicidality clearly demonstrates a relationship between transgender individuals obtaining transition-related care (e.g., hormones and GCS) and a reduction in suicidal ideation. As noted above, a recent study by Tucker, et al. (2018) found that transgender individuals who had undergone hormone therapy and gender confirming surgeries reported lower suicidal ideation than transgender individuals who had not received any transition-related medical treatments or only one medical treatment (i.e., hormones but not surgery). Additional studies indicate that suicidal ideation is significantly lower for transgender individuals who receive hormone therapy versus those who do not. (See Bauer et al., 2015; Wilson et al., 2015). Bauer et al. (2015) conducted analyses to determine the relative risk reduction post-surgery, and found that there was a there is a 62% relative risk reduction post-surgery for the transgender sample in their study. Additionally, Wilson et al. (2015) found transgender women who had breast augmentation reported lowered suicidal ideation than those who had not had surgery or hormones.

It is my professional opinion, consistent with the peer-reviewed research discussed above, that transgender individuals are less likely to experience suicidal ideation or attempt/complete suicide after receiving medically necessary surgical care for gender dysphoria than transgender individuals needing those treatments who are unable to obtain them.

D. Other Benefits of Medical Treatments for Gender Dysphoria

In addition to the research that shows specific positive effects on mental health and well-being directly related to hormone therapy and gender confirmation surgery, research also links the overall transition process to better outcomes in well-being. Budge, Adelson, & Howard (2013) found that transgender men and transgender women who are further along in their transition process use less avoidant coping mechanisms and have lower levels of anxiety and

depression. As well, being further along in the transition process predicted better belongingness (i.e., the feeling of acceptance in a group or community) and well-being in a large community sample of transgender individuals (Barr, Budge, & Adelson, 2016). In addition to improving well-being, several qualitative studies have noted the importance of the transition process on increasing civic engagement, such as becoming educators, activists, volunteers, and creating systems for support and connection (e.g., Budge, Orovecz, & Thai, 2015; Budge, Chin, & Minero, 2017; Budge, Katz-Wise, Tebbe, Howard, Schneider, & Rodriguez, 2013).

E. Safety and Efficacy of Gender Confirming Surgeries

Research indicates that, as part of a medical transition, gender confirming surgical procedures are safe and have high post-surgical satisfaction rates. In their study, Tran et al. (2018), the authors examined complication rates of GCS using the American College of Surgeons National Surgery Quality Improvement Program and National Inpatient Sample databases; they found that only 5.5% of the sample reported complication and thus concluded that GSC has an acceptable safety profile. As well, Canner et al. (2018) analyzed data from the National Inpatient Sample and noted that there were zero deaths associated with complications from GCS from 2000-2014.

In a report by Dr. Daniel Sutphin submitted by Defendants earlier in this case, Dr. Sutphin erroneously claimed that transgender individuals experience high rates of regret after undergoing gender confirming surgeries and implied that patient “regret” should be considered when taking surgical outcomes for gender confirming surgeries into account. Decl. of Daniel D. Sutphin, M.D. ¶ 27 [ECF No. 118]. This is not borne out by any reliable evidence. Dr. Sutphin cited only one scholarly article by Djordjevic et al. (2016) to support his scientific argument regarding regret, although that article actually concludes that the “vast majority” of individuals

suffering from gender dysphoria are *satisfied* with their surgical treatments. In that article, the authors note the surgical outcomes for 7 patients who requested reversal surgery over a 4-year period. They indicate that all 7 patients were *misdiagnosed* prior to having gender confirmation surgery (p. 1000). The 7 patients “did not fulfill the complete diagnostic criteria for a gender identity disorder diagnosis” (p.1005) and all were “misdiagnosed” with gender identity disorder (now referred to as gender dysphoria) (p. 1000). The authors note in their conclusion that their article reports “on one of the largest series of regretful patients” at just 2 *or less* individuals per year (p. 1006). The authors conclude their article by saying: “The vast majority of properly diagnosed transsexual patients are satisfied with their decision to undergo SRS, with only a few coming to regret it” (p. 1006).

There is significant nuance in how regret is discussed in the scientific literature. In one of the largest studies focused on regret, Swedish scientists analyzed data ($N=218$) over a 20-year period of time (from 1972-1992) and found that 3.8% of the patients ($n=8$) in the study experienced regret over that period of time (Landén et al., 1998). All 8 of the patients who reported experiencing regret indicated that they experienced regret because they had a lack of family support for their gender identity or because they had not found a place in the transgender community. In another study that focused on 232 transgender women, data was analyzed for surgeries conducted over a 6-year period (1994-2000) and patients described their experiences at least 1 year post-surgery (Lawrence, 2003). In the Lawrence (2003) study, zero patients reported “outright regret” and only 6% (15 participants) reported feeling “sometimes regretful.” Of the 15 who reported some regret, 8 participants indicated that the regret was due to physical or functioning issues and 5 participants reported family/social support issues as being the source of the regret, such as being an outcast from family. The other 2 individuals presented with their sex

assigned at birth for differing reasons (to play golf or to present to clients at work). In a third study, Dhejne et al. (2014) analyzed data regarding applications for legal and surgical gender confirmation over a 50-year period (1960-2010). There were a total of 767 applications over that 50-year period. There were 15 “regret applications”—5 (2%) trans men and 10 (2.3%) trans women over the 50-year period, with the majority occurring 30-50 years ago and only 0.3% ($n=1$) (i.e., a *single* incident) occurring from 2001-2010.

It is clear from this data that the incidents of regret are statistically very low. In my professional opinion, these rare instances of regret do not call into question the overall efficacy of gender confirming surgeries to treat gender dysphoria in transgender individuals for whom those surgeries are deemed medically necessary by their treating providers.

VI. SUMMARY OF OPINIONS AND CONCLUSIONS

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

The reason that these treatments are considered medically necessary is because, without this care, the majority of individuals needing hormone therapy or gender confirmation surgery will experience severe psychological distress and some individuals will die by suicide if they are

not able to obtain this care. The long-term impacts and irreparable harm caused by years of depression, anxiety, suicidality, and trauma can be reduced significantly by allowing individuals with gender dysphoria to access this medically necessary care. Based on the large body of evidence and based on my clinical experience, it is highly likely that the majority of individuals who need hormone therapy and gender confirmation surgery will experience a significant reduction or elimination of psychological distress associated with gender dysphoria.

The research evidence indicates that there is no reason to exclude all transition-related care for transgender people. Blanket insurance coverage exclusions of transition-related care are inconsistent with our current understanding of transgender identity and the medical necessity of gender confirming surgical procedures for transgender individuals with gender dysphoria. Based on the research evidence and my clinical experience, it is my professional opinion that the Challenged Exclusion is inconsistent with the prevailing medical consensus, is likely to harm Wisconsin Medicaid beneficiaries affected by it, and should be eliminated.

Respectfully submitted,



Stephanie L. Budge, PhD, LP

DATE: January 14, 2019

EXHIBIT A

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

Stephanie L. Budge, PhD, Licensed Psychologist
Curriculum Vitae

Department of Counseling Psychology, School of Education, Room 305, University of
Wisconsin-Madison, Madison, WI 53706, 608-262-4807, budge@wisc.edu

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

- Associate Professor**, tenure-track, 8/2018 - current
Department of Counseling Psychology,
University of Wisconsin-Madison
- Director of AHEAD (Advancing Health Equity and Diversity)** 7/2018 – current
Institute for Clinical and Translational Research
School of Medicine and Public Health
University of Wisconsin-Madison
- Health Psychologist** 6/2017 - current
University of Wisconsin Hospital & Clinics
American Family Children's Hospital
- Assistant Professor**, tenure-track, 8/2016 – 8/2018
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 (provisional) in Kentucky - 2012-42 **8/2011 - 6/2014**
(under supervision to gain hours for Health Service Provider status)

SPECIAL HONORS AND AWARDS

Community Engaged Scholarship Award **4/2018**
The University of Wisconsin-Madison School of Education award for researchers engaged in community-focused scholarship—awarded specifically for my collaborations with the Wisconsin Trans Health Coalition

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 **7/2017**
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

1. **Budge, S.L.,** Conniff, J., Belcourt, W.S., Parks, R. L., Pantalone, D., & Katz-Wise, S.L. (2018). A grounded theory study of the development of trans youths' awareness of coping with gender identity. *Journal of Child and Family Studies*, 27, 3048-3061.

2. **Budge, S.L.**, & Katz-Wise, S. L. (In press). Sexual minorities' sexual communication, internalized homophobia, and conformity to gender norms. *International Journal of Sexual Health*.
3. Goldberg, A., Kuvalanka, K., **Budge, S.L.**, Benz, M., & Smith, J. (In press). Mental health and health care experiences of transgender undergraduate and graduate students: A mixed methods study. *The Counseling Psychologist*.
4. Rossman, K., Sinnard, M., & **Budge, S.L.** (In press). A qualitative examination of consideration and practice of consensual non-monogamy among sexual and gender minority couples. *Psychology of Sexual Orientation and Gender Diversity*.
5. **Budge, S.L.** & Moradi, B. (2018). A meta-analytic approach to studying psychotherapy outcomes focused on transgender affirmative therapies and power dynamics. *Journal of Clinical Psychology*.
6. Moradi, M. & **Budge, S.L.** (2018). A meta-analytic approach to studying psychotherapy outcomes for LGBTQ affirmative therapies. *Journal of Clinical Psychology*.
7. **Budge, S.L.**, Orovecz, J., Owen, J.J., & Sherry, A.R. (2018). The relationship between conformity to gender norms, sexual orientation, and gender identity for sexual minorities. *Counselling Psychology Quarterly*, 31, 79-97.
8. Salkas, S., Conniff, J. & **Budge, S.L.** (2018). Provider quality and barriers to care for transgender people: An analysis of data from the Wisconsin transgender community health assessment. *International Journal of Transgenderism*, 19, 59-63.
9. Katz-Wise, **Budge, S.L.** Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B...Leibowitz, S. (2017). 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*, 18, 243-263.
10. Nienhuis, J. B., Owen, J., Valentine, J. C., Black, S. W., Halford, T. C., Parazak, S. E., **Budge, S.**, & Hilsenroth, M. J. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, 28, 593-605.
11. **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.
12. **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.
13. ° 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.
14. 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
15. ° Matsuno, E. & **Budge, S.L.** (2017). Non-binary/genderqueer identities: A critical review of the literature. *Current Sexual Health Reports*, 9, 116-120.
16. 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.

17. **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.
18. 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.
19. **Budge, S.L.** (2016). To err is human: An introduction to the special issue on clinical errors. *Psychotherapy*, 53, 255-256.
20. 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.
21. **Budge, S.L.** & Pankey, T.L. (2016). Ethnic differences in gender dysphoria. *Current Psychiatry Reviews*, 12, 175-180.
22. 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.
23. 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.
24. **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.
25. 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.
26. 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.
27. Tebbe, E.A., Moradi, B., & **Budge, S.L.** (2016). Enhancing scholarship focused on trans people and issues. *The Counseling Psychologist*, 44, 950-959.
28. **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.
29. 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.
30. 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.
31. 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.
32. **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.

33. 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.
34. Katz-Wise, S.L. & **Budge, S.L.** (2015). Cognitive and interpersonal identity processes related to mid-life gender transitioning in transgender women. *Counselling Psychology Quarterly, 28*, 150-174.
35. **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.
36. **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.
37. **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.
38. **Budge, S.L.**, Rossman, 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.
39. **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.
40. **Budge, S.L.** (2013). Interpersonal psychotherapy with transgender clients. *Psychotherapy, 50*, 356-359.
41. 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.
42. **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.
43. **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.
44. **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.
45. 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.
46. 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.
47. 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.
48. 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.
 49. 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.
 50. **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.
 51. 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.
 52. **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.
 53. 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.
 54. **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.** & Moradi, B. (2019). *Gender Identity*.
2. Moradi, B. & **Budge, S.L.** (2019). *Sexual Orientation*.
3. **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.
4. **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.
5. **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.
6. **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.
7. **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.
8. 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.
9. 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.

10. 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.
11. 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.
12. Sun, S., Miner, 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.
13. 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.
14. Budge, S.L. (2017). Genderqueer. In A. Goldberg (Ed.) *The SAGE Encyclopedia of LGBTQ Studies* (pp. 460-463). Thousand Oaks, CA: SAGE.
15. 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.
16. 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.

RESEARCH SUPPORT

WARF 2020

05/2019-05/2021

University of Wisconsin-Madison

\$500,000—submitted

Research project determining the longitudinal outcomes of gender affirming medical care for adolescent and adults in Wisconsin.

Role: Co-PI

Online Course Development Grant

01/2019-9/2020

University of Wisconsin-Madison

\$15,000—**funded**

This grant funds university faculty to design new and innovative courses at UW-Madison. The funding will cover the creation of a course called “Gender and Queer Issues In Psychology” set to begin in Summer 2020.

Role: Instructor

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 – **scored, resubmitted**

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.

NICHHD, 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

NICHHD, 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. Allen, B., Rehm, J., **Budge, S.L.**, Botsford, J., & Andert, B. (2018). *School Safety and Support for Transgender Youth with Non-binary vs. Binary Gender Identities*. Pediatric Academic Societies (PAS) Conference, Toronto, Canada.
2. Rehm, J., Allen, B., **Budge, S.L.**, Botsford, J., & Andert, B. (2018). *Transgender youth who receive gender related care from a specialized provider differ from other transgender youth*. Pediatric Academic Societies (PAS) Conference, Toronto, Canada.
3. Rehm, J., Allen, B., **Budge, S.L.**, Botsford, J., & Andert, B. (2018). *Increased awareness of healthcare needs of youth with nonbinary gender identities is needed*. Pediatric Academic Societies (PAS) Conference, Toronto, Canada.
4. **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.
5. 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.
6. **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.
7. 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.
 8. **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.
 9. 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.
 10. Rossman, K., Sinnard, M., & Budge, S.L. (2016, July). *The externalization of affect for individuals with non-binary gender identities*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
 11. 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.
 12. 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.
 13. 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.
 14. 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.
 15. **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.
 16. **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. Barcelos, C., Budge, S.L., & Botsford, J. (2019, April). *Uneven Access: The Health of Trans and Gender Nonconforming People in Wisconsin and the Upper Midwest*. Paper to be presented at the Annual National Transgender Health Summit, San Francisco, CA.
2. Bhattacharya, N., Budge, S.L., Pantalone, D., & Katz-Wise, S.L. (2018, November). *Conceptualizing relationships among transgender and gender nonconforming youth and*

- their caregivers*. Paper presented at the American Public Health Association Conference, San Diego, California.
3. **Budge, S.L., Sinnard, M.T., & Hoyt, W.T.** (2018, September). *Longitudinal Effects of Psychotherapy with Transgender Clients: A 6-month Follow-up*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Snowbird, Utah.
 4. **Sinnard, M.T. & Budge, S.L.** (2018, September). *“I Want to Correct Past Harmful Counseling Experiences”: Goal Attainment in Psychotherapy with Transgender Clients*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Snowbird, Utah.
 5. **Budge, S.L.** (2018, August). *The feasibility of a clinical trial focusing on trans individuals’ minority stress*. Paper presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 6. **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 presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 7. Sweetnam, M.R., Mauk, E., & **Budge, S.L.** (2018, August). *A qualitative analysis of nonbinary and genderqueer individuals’ experiences of proximal and distal minority stress*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 8. **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 presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 9. **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 presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 10. **Orzechowski, M., Budge, S.L., Lavendar, A., Onsgard, K., Schamms, S., Liebowitz, S., & Katz-Wise, S.L.** (2018, August). *Emotions of transgender youth*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 11. **Raines, C.R. & Budge, S.L.** (2018, August). *Measuring masculine sexual entitlement: Subscales of a new instrument*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 12. **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 presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 13. **Sinnard, M.T., Budge, S.L., & Hoyt, W.T.** (2018, August). *The effectiveness of psychotherapy for transgender clients: A randomized controlled trial*. Paper presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 14. **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 presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
15. Thomas, K.A., Andert, B., Ibarra, N., **Budge, S.L.**, & dickey, I. (2018, August). *Non-suicidal self-injury in transgender individuals*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 16. 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 presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 17. Raines, C.R. & **Budge, S.L.** (2018, August). *Understanding the relationships between masculine sexual entitlement, masculinity, and violence*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
 18. 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.
 19. Rossman, H. K., Sinnard, M. T., & **Budge, S. L.** (August, 2017). *Bisexuality and Consensual Non-Monogamy for Trans Individuals and Their Romantic Partners*. Paper presented at the Bisexuality Issues Committee Intersectionality Symposium at the Annual Meeting for the American Psychological Association in Washington, D.C.
 20. Minero, L.M. & **Budge, S.L.** (2017, February). *Experiences of exclusion and discrimination among 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.
 21. **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.
 22. **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.
 23. **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.
 24. 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.
 25. **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.
 26. 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.
 27. 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.

28. 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.
29. 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.
30. 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.
31. 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.
32. 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.
33. **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.
34. 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.
35. **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.
36. 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.
37. 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.
38. 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.
55. **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.
56. **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.
39. **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.

40. 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.
41. 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.
42. 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.
43. 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.
44. 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.
45. Rossmann, 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.
46. 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.
47. 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.
48. 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.
49. 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.
50. 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.
51. 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.
52. **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.
53. **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.
54. **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.

55. **Budge, S.L., Thai, J., Rossman, 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.
56. **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.
57. **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.
58. **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.
59. **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.
60. **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.
61. 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.
62. **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.
63. 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.
64. 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.
65. 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.
66. 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.
67. **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.

68. **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.
69. **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.
70. 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.
71. 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.
17. **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.
18. 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.
1. 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.
72. 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.
73. 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.
74. 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.
75. **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.
76. 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.
77. **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.

78. 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.
79. **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.
80. 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.
81. **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.
82. 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.
83. 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. Guo, E., Mauk, E., & **Budge, S.L.** (2018, November). *Minority stress interventions in a psychotherapy pilot trial for transgender clients*. Paper presented at the Annual Meeting for the Wisconsin Counseling Association, Madison, Wisconsin.
2. **Budge, S.L.** (2018, November). *Mental Health and Wellbeing: Trans, Nonbinary, and Gender Nonconforming People*. Paper presented at the Annual Midwest Family Medicine Conference, Madison, Wisconsin.
3. Dyer, R. L., **Budge, S. L.**, Botsford, J., Andert, B., Rehm, J., & Allen, B. (April 2018). *Supporting trans youth in rural Wisconsin*. Symposium presented at the 2018 Wisqueer Conference, Madison, Wisconsin.
4. Dyer, R. L., **Budge, S. L.**, Botsford, J., Andert, B., Rehm, J., & Allen, B. (April 2018). *Trans youth needs assessment survey results: Nonmetropolitan-metropolitan differences in perceived safety at school for Wisconsin trans and nonbinary youth*. Poster presented at the 2018 Wisconsin Psychological Association Convention, Appleton, Wisconsin.
5. **Budge, S.L.** & Bostford, J. (February, 2018). *Trans experiences in Mental Health*. Symposium presented at the 2018 Wisconsin LGBTQ Summit, Milwaukee, Wisconsin.
6. Dyer, R. L., **Budge, S. L.**, Botsford, J., Andert, B., Rehm, J., & Allen, B. (February 2018). *Supporting trans youth in rural Wisconsin*. Symposium presented at the 2018 Wisconsin LGBTQ Summit, Milwaukee, Wisconsin.

7. °**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.
8. °**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.
9. °**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.
10. **Budge, S.L.** (2013, November). *Incorporating an IPT approach with transgender clients*. Paper presented at the Annual Kentucky Psychological Association Conference, Lexington, Kentucky.
11. **Budge, S.L.** (2013, April). *Using interpersonal therapy with transgender clients*. Workshop provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
12. **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.
13. **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.
14. **Rossmann, K. & Budge, S.L.** (2013, April). *Genderqueer individuals’ mental health concerns: The relationship between social support and coping*. Paper presented at the Spring Research Conference, Lexington, Kentucky.
15. **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.
16. **Rossmann, K. & Budge, S.L.** (2013, June). *Just the fact that I commanded that respect - I got the privilege: Qualitative examination of privilege in the trans community*. Paper presented at the Spring Research Conference, Lexington, Kentucky.
17. **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.
18. **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.
19. **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.
20. **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.

21. 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.
22. 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.
23. 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.
24. 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.
25. 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.
26. 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.
27. 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.
28. 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

Archives of Sexual Behavior 1/2014 – 12/2016

Psychology of Sexual Orientation and Gender Diversity 1/2016 – current

International Journal of Transgenderism 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**

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, Defended)

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)

EXHIBIT B

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