Advanced Clinical Practice with LGBTQ Populations
Wednesdays 12:30PM – 2:30PM
[Location TBA]

Instructor: Jackie Cosse, LMSW (they/she pronouns)
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Office Hours: by appointment

Course Description

This course supports students in developing thoughtful, grounded approaches to practice across micro and macro settings with lesbian, gay, bisexual, transgender/gender expansive, and queer (LGBTQ) communities. With attention to critical intersectional analysis, students will examine the histories of how sexual and gender identities have been constructed, how they are regulated, and how they continue to be lived today – alongside how these realities shape client experiences, therapeutic relationships, and broader systems of care. Drawing from sociopolitical and decolonial frameworks, this course invites students to critically reflect on their own positionalities and to engage in practices attuned to both structural harm and collective strategies of endurance and care. Attention is given to the impacts of systemic violence and marginalization, including minority stress, alongside possibilities for joy and solidarity. Resilience among marginalized communities will additionally be explored as a contested concept, with attention not only to how it can obscure structural violence, but also to what it means to affirm survival in clinical work with care and accountability to the communities we aim to support.

On Accessible, Inclusive, and Collaborative Learning

I am committed to your success as student scholars. A large part of that success comes with honoring the times your mind and body are at capacity. If you cannot make a deadline or ever feel overwhelmed by the coursework, please do not hesitate to reach out. If you need to be absent from class for any reason, including situations related to mental health, simply **communicate that you will be absent ahead of time** so that I can account for such. The same concept applies (re: communicating absence or delay) if you are running late to class due to unforeseen circumstances or personal challenges. Life happens; nevertheless, attending class even partway through is strongly encouraged. We value your presence in the classroom no matter how short.

For broader considerations of accessibility and accommodations, The Moses Center for Student Accessibility (CSA) works with NYU students to determine and implement appropriate accommodations and additional programs/resources available to specific to students' access needs. They can be reached at the email mosescsa@nyu.edu and at phone number (212) 998-4980. Website link: Moses Center for Student Accessibility.

This said, I am committed to making all course materials accessible for students more broadly *regardless of whether a student has a documented disability.* As we will discuss in briefly in this course, medical systems in the United States and beyond are often selective in what disabilities, impairments, and chronic illnesses they deem "valid" contingent upon how well one ascribes to social norms/expectations or dominant perspectives. I recognize and honor these barriers and am always open to conversations with students on reformatting materials, providing alternate readings, etcetera, for any accessibility needs. Furthermore, there **should be no financial barriers to accessing this course.** All readings will be available to students through our Brightspace page, made available by the NYU library, and no additional costs (e.g., textbooks) will be incurred.
I am always available via email and can hold additional zoom office hours on an as-needed basis. Additionally, I am always willing to discuss strategies for how to further your learning in this class. If there is interest, I will hold 1-2 office hours during the semester specific to:

- BIPOC students
- Trans/queer students
- Latine students
- Queer and Trans Students of Color
- Neurodivergent students & disabled/chronically ill students

I will always be available to support students *across all identities and experiences, inclusive of those who do not identify within the groups listed above.* This said, I offer these specifically as I am in a unique position to provide representation, as a professor, where it may otherwise be scarce. Institutional and systemic racism, ableism, cisheterosexism, classism, and more are realities we all face in different ways and at different intersecting axes. They are constant and ever shifting, and inevitably impact how we are able to show up in the classroom space. If nothing else, ***it is my goal that you feel uplifted in this course in the face of an academy that often silences the voices that should be the loudest in the room.***

Course Evaluation

I wholeheartedly welcome feedback throughout the course on ways to collaboratively build a space that fosters personal and collective learning both in and out of the classroom. My expectations for you are, first and foremost, that the course feels accessible and generative for your learning—something I believe provides important context for how I will structure and grade for this course.

Two formal evaluations will be completed during our class: midterm and final evaluations. Midway through the semester, students will be asked to complete an informal, anonymous evaluation (in class) to assess course progress and suggest any changes to enhance student learning. At the end of the semester, students will be asked to complete a formal evaluation of the course (online) consistent with the policy of the Silver School of Social Work.

Assignments and Grading

Class Participation	10%
Written Assignments	
Paper 1: Applications of Theory	25%
Paper 2: Policy & Practice	30%
Final Presentation	35%

Each assignment will be graded out of a specific number of points, corresponding to its percentage value. Additionally, all written assignments **should be submitted via Brightspace** and formatted as following:

- Submitted as a Microsoft Word document. Other formats should be discussed prior with the instructor.
- Titled with first initial, last name, and assignment name. (e.g., "J. Cosse Paper 1")

Class Participation

You are expected to attend class ***on time***, complete the readings and assignments each week, and be prepared to participate in class discussions and activities. Participation means being willing to share your ideas and feedback to shape the classroom community and the group's process. This said, I recognize that people have varying levels of comfort around verbal participation in class. As such, participation *additionally* means doing your best to give your focused attention to whoever is speaking during class.

It is also important to regularly check your email for any updates or changes to the syllabus. **Some readings will likely change during the semester**, particularly after midterm evaluations, and it is your responsibility to stay up to date. More broadly, staying informed will help you meet all due dates and maintain your progress throughout the semester. If you face any challenges that impact your ability to keep on pace with your work, I strongly encourage you to be proactive with communicating with me, so I can support you as needed, and we can coordinate any necessary next steps.

Finally, I hold closely Audre Lorde's reminder that "our feelings are our most genuine path to knowledge." This course challenges the assumption that classrooms should be separate from emotion or vulnerability. Building trust to do this work collectively takes time and shared commitment: engage as fully as you can, and treat any stories or experiences shared in class with care. **Do not share specific details of personal disclosures outside this space.** Practicing this kind of accountability is essential to sustaining a classroom rooted in collective care.

Written Assignments

You will complete two papers during the semester that invite critical engagement with course themes, your own clinical values, and the structural conditions shaping LGBTQ mental health. Adherence to APA7 throughout is required for both papers (link: APA Style Formatting Guide), and papers should be Times New Roman, size 12 font, double spaced.

I offer the opportunity to **revise and resubmit** written assignments to improve your grade. If you do not receive full credit, you may request to revise your paper in response to my feedback either by (a) directly responding to comments in track changes, or (b) by including a short, summary response at the end of your revised submission.

Paper #1:
Applications of Theory in Clinical Practice

Due Week 5 (02/20) **by 12PM.**
Length: 4–5 pages, double spaced

This first paper builds on our opening units on power, positionality, language, and theory (Weeks 1–3), alongside the theme of building rapport and trust in the therapeutic relationship (Week 4). You will select one theoretical framework from Week 3 or another relevant theory of your choice; if you wish to use a theory not assigned in class, you must email me **at least one week prior to the due date** to confirm your selection.

Your task is to apply your selected theory/framework in conversation with the materials from Weeks 1–4, reflecting on how it shapes your evolving clinical lens. Draw connections between the theory and themes from weeks 1-4, with particular attention to what it means to practice with queer and trans clients in the current U.S. context. Overall, your paper should demonstrate both your grasp of the material and your ability to situate yourself within it.

Requirements:

1. You must engage with at least two readings. At least one must be from Weeks 1–4; for the second, you may choose either another course reading or an outside source of your choice (academic, community-based, or non-academic media), so long as you engage it thoughtfully.
2. Your paper should demonstrate, through concrete examples, how the framework and readings deepen, complicate, or affirm your emerging clinical commitments in relation to work with LGBTQ clients. In doing so, you should reflect on how your identities/social location(s) shape your interpretation of these ideas, and how this positionality may influence your approach to practice.

Paper #2:
Policy & Structural Analyses and Clinical Practice

Due 03/25 by 5PM
Length: 5–6 pages, double spaced

This assignment asks you to critically examine how policies and structural/institutional conditions shape LGBTQ+ clinical practice. This paper builds on our mid-semester focus (Weeks 5–8), where we explore assessment, diagnosis, and ethics; historical oppression and structural violence; and clinical practice across the lifespan.

Using 2-3 course readings, your task is to select either (a) a structural or institutional condition/framework or (b) a local, state, or federal policy that affects LGBTQ+ mental health. Your paper should consider implications for clinical practice with attention to at least one stage of the lifespan we have covered in class. Some examples include, but are not limited to: anti-trans healthcare legislation, insurance coverage for gender-affirming care, mandated reporting requirements, DSM diagnostic frameworks.

Requirements:

- Define the issue, policy, or system you have chosen and explain why it matters for LGBTQ clients.
- Evaluate the strengths and/or limitations of current policy or program responses.
- Analyze the structural roots of the issue, including histories of oppression and/or systemic violence
- Discuss the clinical implications: how does this policy or system shape what clinicians can do in practice? How does it affect client experiences, access, and outcomes?
- What alternatives or (re)imaginings might better align with community-accountable, anti-oppressive approaches to social work and clinical practice?

Papers will be evaluated on how well you meet the above requirements re:

- Depth and clarity of analysis
- Meaningful integration of course materials into clinical reasoning or analysis (not just as citations)
- Attention to both structural critique and clinical implications for practice
- Clear, organized writing with citations in APA style;

Final Presentation

In lieu of a final exam or paper, you will work collaboratively in small groups (3–5 students) to prepare and deliver a final 15–20-minute presentation. The purpose of this project is to provide you with the opportunity to explore an area of shared interest related to LGBTQ+ clinical practice in greater depth, and to integrate course materials with outside research. Presentations are in group format because the assignment is designed to cultivate collaborative skills and mirror the collective work that often characterizes both clinical and community practice.

You may choose one of two presentation formats. Both are designed to support your clinical learning and allow flexibility in style and delivery. Regardless of your selection, your presentation and must incorporate *at least three* readings (course readings or outside research is acceptable) and at least one theory/framework or modality discussed in class.

Please use slides (PowerPoint, Canva, etc.) and be sure to **use large font sizes that are easily visible for your peers .** In addition to their slides, each group will submit a brief statement outlining roles and commitments alongside their presentation, akin to an academic CRediT statement (link: CRediT overview). This will be discussed further in class.

Option A: Clinical Case Formulation Presentation

Create and present a thoughtful, identity-conscious case formulation. You may draw from a real client (only with full de-identification and/or permission) or a fictional character from media **only** if approached with clinical humility and depth. If you select a character from media (TV, film, book, etc.), your goal is ***not*** to diagnose, pathologize, or label. Instead, ask questions like: What might a clinician notice or prioritize if this person showed up in session?

Overall, your presentation should clearly address, in depth:

- The client's identities/lived experience and presenting concern(s)
- Structural and systemic factors impacting care (e.g., healthcare access, housing, criminalization/detention)
- Your clinical formulation (what you understand the "problem" to be and where it lives—not just within the client)
- Modality/treatment approach(es) you'd use, and why
- Ethical tensions or dilemmas you might encounter

Option B: Practice-Based Clinical Presentation

Create a short training or staff-style presentation for peers on a clinical practice topic relevant to LGBTQ populations. Your topic can focus on an issue, population, modality, or intervention specific to LGBTQ clients (e.g., work with queer migrant youth, narrative therapy with trans/gender expansive clients). You may incorporate creative or visual components if you wish (e.g., short zine, infographic, audio, etc.).

Overall, your presentation should clearly address:

- What issue, population, modality, or intervention you're focusing on, and why it matters
- The systemic or historical context shaping the issue
- A concrete example of how this might show up in clinical work (e.g., very short case vignette, client narrative, adapted intervention)
- Your proposed practice/approach as grounded in course values
- How positionality informs your proposed approach
- Ways your proposed approach centers considerations like joy or justice (not just treatment)

Regardless of which option you choose, your presentation will be evaluated on:

1. Content and Clinical Depth
    - Thoughtful application of course frameworks and materials
    - Demonstrates clinical insight into the experiences and systemic contexts shaping LGBTQ mental health care
2. Clarity and Organization
    - Presentation is coherent, well-structured, and within the time limit
    - Key ideas are explained clearly, even if delivery is informal
3. Integration of Readings/Media
    - Incorporates at least 3 readings and one theoretical framework

- Sources are integrated meaningfully into the presentation

4. Inclusion and Accessibility
    - Slides are accessible (large text, clear contrast, intentional visuals)
    - Presentation considers multiple ways of knowing and learning
    - Engages intersectionality and systemic context with nuance

Students are graded on content and thoughtfulness, and not on comfort with public speaking. I am happy to review ideas or proposals the week prior to your presentation date.

Use of Generative AI for Assignments

Artificial intelligence is an ever-evolving field, with tools and capabilities changing rapidly. After the add/drop period has concluded, we will decide together how to approach AI use in this course. While I would prefer students not use AI, my general policy is that *if* you choose to use AI, you must only use it for basic, routine tasks (the specifics of which we will discuss in class) and you must always check its accuracy. The goal, if you do use AI, would be to save time for deeper thinking – ***not*** to have AI create ideas for you.

Schedule of Classes

Week	Date	Topic	Readings
1	01/23/26	Introduction: Intentions and Clinical Practice	*Prior to class 1, read*: • Suyemoto, K., Donovan, R, and Kim, G. (2022). Understanding Power, Privilege, and Oppression. In *Unraveling Assumptions: A Primer for Understanding Oppression and Privilege.* (pp. 37-48). Taylor and Francis Group. • Timothy, R. K., & Umana Garcia, M. (2020). Anti-oppression psychotherapy: An emancipatory integration of intersectionality into psychotherapy. *Psychotherapy and Counselling Journal of Australia*, *8*(2). https://doi.org/10.59158/001c.71085
2	01/30/26	Language, Positionality, and Power	• Suyemoto, K., Donovan, R, and Kim, G. (2022). Understanding Power, Privilege, and Oppression. In *Unraveling Assumptions: A Primer for Understanding Oppression and Privilege.* (pp. 48-58). Taylor and Francis Group. ○ ***Students who missed class 1 should start from page 37*** • Erby, A. N., & White, M. E. (2020). Broaching partially-shared identities: Critically interrogating power and intragroup dynamics in counseling practice with trans people of color. *International journal of transgender health, 23*(1-2), 122–132. https://doi.org/10.1080/26895269.2020.1838389

			• Drescher J. (2015). Out of DSM: Depathologizing Homosexuality. *Behavioral sciences (Basel, Switzerland), 5*(4), 565–575. https://doi.org/10.3390/bs5040565
3	02/05/26	Theoretical Frameworks for Practice with LGBTQ Populations	• Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674 • Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay & Lesbian Mental Health, 21*(3), 194-202. • Suslovic, B., & Lett, E. (2024). Resilience is an Adverse Event: A Critical Discussion of Resilience Theory in Health Services Research and Public Health. *Community health equity research & policy, 44*(3), 339–343. *Read <u>one</u> of the two articles below, to be discussed in small groups:* • Alessi, E. J., & Kahn, S. (2017). A framework for clinical practice with sexual and gender minority asylum seekers. *Psychology of Sexual Orientation and Gender Diversity, 4*(4), 383 • Spencer, K. G., Berg, D. R., Bradford, N. J., Vencill, J. A., Tellawi, G., & Rider, G. N. (2021). The gender affirmative life span approach: A developmental model for clinical work with transgender and gender-diverse children, adolescents, and adults. *Psychotherapy, 58*(1), 37–49.

4	02/13/26	Building Trust in the Therapeutic Relationship	• Alessi, E. J., Dillon, F. R., & Van Der Horn, R. (2019). The therapeutic relationship mediates the association between affirmative practice and psychological well-being among lesbian, gay, bisexual, and queer clients. *Psychotherapy, 56*(2), 229–240. https://doi.org/10.1037/pst0000210 • Choi, A. Y., & Israel, T. (2019). Affirmative Mental Health Practice with Bisexual Clients. *Handbook of evidence-based mental health practice with sexual and gender minorities*, 149 • Jeffery, M. K., & Tweed, A. E. (2014). Clinician self-disclosure or clinician self-concealment? Lesbian, gay and bisexual mental health practitioners' experiences of disclosure in therapeutic relationships. Counselling and Psychotherapy Research, 1-8. • Bennett, K., & Clark, E. (2021). Crossing guardians: Signaling and safety in queer and trans therapist/patient dyads. *Psychoanalytic Psychology*, 38(3), 216. Optional readings: *While these are not required, they can be used for your first paper in place of other assigned readings from weeks 1-4.* • Baumann, E. F., Ryu, D., & Harney, P. (2020). Listening to identity: transference, countertransference, and therapist disclosure in psychotherapy with sexual and gender minority clients. *Practice Innovations, 5*(3), 246. • Rachlin, K. (2022). Trust in Uncertainty: The Therapeutic Structure of Possibility, Turning Points, and the Future of Psychotherapy with Transgender, Nonbinary, and Gender-diverse Individuals. Studies in Gender and Sexuality, 23(2), 93-101.
5	02/20/26	Assessment, Diagnosis, and Ethics ***Paper #1 Due by 12PM***	• Wood, K. (2025). Bridging the gap: De-medicalizing intersex and the role of social work practice. *The British Journal of Social Work*, bcaf164. • Dewey, J. M., & Gesbeck, M. M. (2017). (Dys) functional diagnosing: Mental health diagnosis, medicalization, and the making of transgender patients. *Humanity & Society, 41*(1), 37-72. • Nieder, T. O., Güldenring, A., Woellert, K., Briken, P., Mahler, L., & Mundle, G. (2020). Ethical aspects of mental health care for lesbian, gay, bi-, pan-, asexual, and transgender people: A case-based approach. The Yale Journal of Biology and Medicine, 93(4), 593.

			• Grzanka, P. R., & Miles, J. R. (2016). The problem with the phrase "intersecting identities": LGBT affirmative therapy, intersectionality, and neoliberalism. *Sexuality Research and Social Policy, 13*(4), 371-389. *Optional reading; we will review this in class:* • Goodrich, K. M., Farmer, L. B., Watson, J. C., Davis, R. J., Luke, M., Dispenza, F., ... & Griffith, C. (2017). Standards of care in assessment of lesbian, gay, bisexual, transgender, gender expansive, and queer/questioning (LGBTGEQ+) persons. *Journal of LGBT Issues in Counseling*, *11*(4), 203-211.
6	02/27/26	Historical Oppression and Structural Violence	• Martin, J. I. (2025). Introduction. In *Sexual and gender minority history: A counter-narrative* (pp. 1–25). Oxford University Press. • Bowen, E. (2012). Addressing the inequality epidemic: Applying a structural approach to social work practice with people affected by HIV/AIDS in the United States. *Critical Social Work, 13*(1). • Kurowicka, A. (2023). Contested intersections: Asexuality and disability, illness, or trauma. *Sexualities, 28*(1-2), 180-201. https://doi.org/10.1177/13634607231170781 • Caldwell, K. (2010). We exist: Intersectional in/visibility in bisexuality & disability. Disability *Studies Quarterly, 30*(3/4). *Optional:* • Spade, D. (2015). Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of the Law (excerpt). • Bjork-James**,** S. (2019). Christian nationalism and LGBTQ structural violence in the United States. *Journal of Religion and Violence, 7*(3), 278–302. https://www.jstor.org/stable/26949536 • Ryan, H. (2022). *The Women's House of Detention: A Queer History of a Forgotten Prison* (Introduction). Bold Type Books.
7	03/06/26	Clinical Practice Across the Lifespan: Part I (Youth + Adolescents)	• McCormick, A., Schmidt, K., & Terrazas, S. (2017). LGBTQ youth in the child welfare system: An overview of research, practice, and policy. *Journal of Public Child Welfare*, *11*(1), 27-39. • Robinson, Brandon Andrew, Fei Mu, Javania Michelle Webb, and Amy L. Stone. "Intersectional social support: Gender, race, and LGBTQ youth friendships." *Society and Mental Health* (2024): 21568693241266960. • Espelage, D. L., Merrin, G. J., & Hatchel, T. (2018). Peer victimization and dating violence among

			LGBTQ youth: The impact of school violence and crime on mental health outcomes. *Youth Violence and Juvenile Justice, 16*(2), 156–173 • Hulko, W., & Hovanes, J. (2018). Intersectionality in the lives of LGBTQ youth: Identifying as LGBTQ and finding community in small cities and rural towns. *Journal of homosexuality, 65*(4), 427-455. *Optional:* • Wagaman, M. A. (2014). Understanding service experiences of LGBTQ young people through an intersectional lens. *Journal of Gay & Lesbian Social Services*, *26*(1), 111-145 • Robinson, B. A., & Schmitz, R. M. (2021). Beyond resilience: Resistance in the lives of LGBTQ youth. *Sociology compass, 15*(12), e12947.
8	03/13/26	Clinical Practice Across the Lifespan: Part II (Adults + Aging)	• Fabbre, V. D. (2017). Queer aging: Implications for social work practice with lesbian, gay, bisexual, transgender, and queer older adults. *Social Work, 62*(1), 73–76. https://doi.org/10.1093/sw/sww072 • Crisp, C., Wayland, S., & Gordon, T. (2008). Older gay, lesbian, and bisexual adults: Tools for age-competent and gay affirmative practice. *Journal of Gay & Lesbian Social Services, 20*(1–2), 5–29. https://doi.org/10.1300/J041v20n01_02 • Fenge, L. A. (2017). Developing understanding of same-sex partner bereavement for older lesbian and gay people: Implications for social work practice. In *Lesbian, Gay, Bisexual, and Transgender Aging* (pp. 214-230). Routledge. • Lampe, N. M., & Pfeffer, C. A. (2024). "We grow older. We also have lots of sex. I just want a doctor who will at least ask about it.": Transgender, non-binary, and intersex older adults in sexual and reproductive healthcare. *Social Science & Medicine, 344*, 116572.
9	03/20/26	**No class: Spring Break**	***Paper #2 Due 03/25 by 5PM.***
10	03/27/26	Families of Origin & Chosen Families	• Rhoten, K., Sheff, E., & D. Lane, J. (2024). US Family Law Along the Slippery Slope: the limits of a sexual rights strategy for polyamorous parents. *Sexualities, 27*(4), 862-884. • Hailey, J., Burton, W., & Arscott, J. (2020). We are family: Chosen and created families as a protective factor against racialized trauma and anti-LGBTQ oppression among African American sexual and gender minority youth. *Journal of GLBT Family Studies, 16*(2), 176–191. https://doi.org/10.1080/1550428X.2020.1724133

			• Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc, 23*(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x *Select <u>one</u> of the two articles below to read, to be discussed in small groups:* • Joslin, C. G., & Sakimura, C. (2022). Fractured families: LGBTQ people and the family regulation system. *Calif. L. Rev. Online*, *13*, 78. • Cruce, A. (2024). Legal protections for sexual and gender minority youth in foster care: A review of Preventing Sex Trafficking and Strengthening Families Act (Normalcy Standards). Children and Youth Services Review, 166, 107902.
11	04/03/26	Community-based and relational practice	• Spade, D. (2020). Solidarity not charity: Mutual aid for mobilization and survival. *Social Text, 38*(1), 131–151. https://doi.org/10.1215/01642472-7971139 *link: Dean Spade Article* • Hansbury, G., & Bennett, J. L. (2013). Working relationally with LGBT clients in clinical practice: Client and clinician in context. *In Relational Social Work Practice with Diverse Populations: A Relational Approach* (pp. 197-214). New York, NY: Springer New York. • Addison, S. M., & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: A relational intersectional lens. *Family Process, 54*(3), 435-453. • Reynolds, V. (2023). "An Ethical Stance for Justice-Doing in Community Work and Therapy." Journal of Systemic Therapies, 31(4), 18–33.
12	04/10/26	Grief, Trauma, and Crisis Intervention for LGBTQ Populations	• Gandy-Guedes, M., Havig, K., Natale, A. P., & McLeod, D. A. (2023). Trauma impacts on LGBTQ people: Implications for lifespan development. In M. P. Dentato (Ed.), *Social work practice with the LGBTQ community: The intersection of history, health, mental health, and policy factors* (pp. 160–183). Routledge. • Toomey, R. B., Trujillo, L., Abreu, R., Rios Garza, A., Hainsworth, S., & Zhao, Z. (2025). The potential harm of loss and grief narratives among families of transgender and nonbinary youth. *Journal of Counseling Psychology.*

			• Sanders, C., Usipuik, M., Crawford, L., Koopmans, E., Todd, N., & Jones, T. (2021). What mental health supports do people with intersex variations want, and when?: Person-centred trauma-informed life-cycle care. Psychology of Sexualities Review, 12(1), 5-19. • Trans Lifeline. (n.d.). Why to not call the police on trans people in crisis: Things to consider when supporting a friend. Trans Lifeline. Retrieved July 8, 2025, from https://translifeline.org/why-to-not-call-the-police-on-trans-people-in-crisis/
13	04/17/26	From Reflection to Praxis: Aligning Intention with Clinical Practice	This week offers space to synthesize our learning, hold space for collective reflection, and begin imagining our final projects in dialogue with one another. **More on the content of this week will be shared in class.** In lieu of readings, students are encouraged to begin working on their final presentations.
14	04/24/26	Final Group Presentations, Part 1	[Student assignments TBA]
15	05/01/26	Final Group Presentations, Part 2	[Student assignments TBA]