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Training Mental Health Providers in Queer-Affirming Care: A Systematic Review

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The effectiveness of training for mental health professionals to increase queer-affirming (e.g., lesbian, gay, bisexual, pansexual) cultural competencies has not been well established. Though there is an assumption that training generally works to increase or improve knowledge, attitudes, and skills, it is unclear what training format, content, and pedagogical approaches are effective. To explore the effectiveness of cultural competency training interventions for mental health professionals, a systematic review of peer-reviewed empirical articles in English published between 2000 and 2020 was conducted. Studies were selected for inclusion if the article was empirical, evaluated a training or education related to working with queer clients, and participants were mental health providers or graduate level trainees. Independent data extraction was conducted by using predefined thematic content areas, including information about the research method, training content, training format, measures, outcomes, and recommendations. Data was reviewed for 13 studies and training duration varied from 1 hr to 1 year. Most studies measured knowledge, and some measured attitudes, skills, and self-efficacy. There is some evidence that queer cultural competency training helps to improve *self-reported* knowledge, attitudes, and skills for mental health professionals. However, given several limitations, including a lack of studies and various methodological challenges, clear conclusions cannot be made about the effectiveness of queer cultural competency training for mental health professionals, more broadly.

Public Significance Statement

Evidence-based queer-affirming training for mental health professionals is needed and a systematic review of this literature provides an overview of the current research. Training in this area tends to increase self-reported cultural competency, however, more research and rigorous methods are needed to continue testing the effectiveness of such training.

Keywords: sexual minority, LGB, cultural competence, systematic review, training

It is well-documented that queer people[1] (e.g., lesbian, gay, bisexual, pansexual, queer) face disproportionate mental health concerns, including higher rates of psychological distress, depression, anxiety, substance use, and suicide compared to their heterosexual counterparts (Dürrbaum & Sattler, 2020; Mongelli et al., 2019) due to external and interpersonal stressors such as discrimination, victimization, and rejection (Katz-Wise & Hyde, 2012; Meyer, 2003). Due to these increased mental health risks, queer individuals are more likely to seek out therapy and other psychological services compared to heterosexual individuals (Filice & Meyer, 2018). Many mental health providers (MHPs), however, have not been adequately trained in providing affirming psychological services or advocacy for queer individuals (Israel & Bettergarcia, 2017); and therefore may cause additional harm rather than alleviating mental health risks (Israel et al., 2008; Spengler et al., 2016).

The field of psychology has pathologized queer identities and perpetuated the view that same-gender attractions, behaviors, and identities should be treated or fixed (Drescher, 2015). The previous

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[1] The term "queer" is used throughout this article as an umbrella term to refer to people who identify as lesbian, gay, bisexual, pansexual, queer or otherwise non-heterosexual. This includes transgender, cisgender, asexual and allosexual people who also identify under the queer umbrella. We use the term queer because it is broad, does not exclude or devalue any sexual identity labels (as LGBQ can) and more fully encompasses those who do not use identity labels or are fluid. The term is increasingly embraced and reclaimed by the community; however, we recognize that some people may have negative associations with the term, especially if it is used to label someone's identity without their consent.

diagnosis of "homosexuality" in the DSM gave rise to sexual orientation change efforts (SOCE) that aim to "help" clients maintain a heterosexual identity. Similarly, gender identity change efforts (GICE) attempt to have clients identify gender in line with their sex assigned at birth. Today, there is strong empirical evidence that SOCE and GICE are not only ineffective at changing sexual orientation or gender identity, but are harmful and often traumatic for clients (Fish & Russell, 2020; Ryan et al., 2020). The American Psychological Association's resolutions on gender identity change effort (APA, 2021a) and sexual orientation change efforts (APA, 2021b) provide a clear position against the use of these practices. Even with evidence of their harmful effects, it is important to note that SOCE and GICE are still legal in some states and practiced by many in the U.S. today (Movement Advancement Project, 2015). This context is important to understanding why clients may be wary of seeking mental health services, as well as why increasing the number of affirmative and competent providers is critical.

Historically, MHPs have received very little training about providing affirming or culturally competent care for queer clients (Israel & Bettergarcia, 2017). Currently, many MHPs continue to feel unprepared to work with queer clients, and get little to no training in this area in their graduate programs (GLSEN, ASCA, ACSSW, & SSWAA, 2019; Graham et al., 2012). There have been recent calls in the literature for increased queer-focused training hours and more direct hours providing services to queer clients (American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021c; Nowaskie, 2020). In addition to lack of training, it is unclear whether training is adequate. Broad multicultural course work does not appear to increase competencies with queer clients (Bidell, 2014; Hope & Chappell, 2015), and if instructors do not have expertise in queer issues, the training that MHPs receive may perpetuate outdated content and harmful practices.

Even MHPs who endorse queer-affirming attitudes report low clinical skills and preparedness with this population (Nowaskie, 2020). Consequently, queer people still have difficulty finding affirming, knowledgeable, and skilled providers, and continue to report negative experiences in therapy, such as microaggressions (Shelton & Delgado-Romero, 2011; Spengler et al., 2016). Common microaggressions include making heteronormative assumptions, avoiding discussing sexual orientation altogether, and the assumption that presenting concerns are rooted in the client's sexual orientation (American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021c; Spengler et al., 2016). Negative experiences like these not only prevent future utilization of psychological services, but damage the therapeutic alliance, impede therapeutic growth, and ultimately harm queer clients (Bieschke et al., 2007; Israel et al., 2008). Negative experiences in therapy or with other psychological services are even more prominent for queer people of color, queer immigrants, and others with multiple marginalized identities (Filice & Meyer, 2018). These barriers make it more challenging for queer people to access and receive quality mental health care, which may exacerbate existing mental health risks.

The recent literature on working with marginalized clients has emphasized the need for cultural humility, in addition to cultural competency (American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021c; Hook et al., 2017; Mosher et al., 2017; Sue et al., 2009); as well as purposeful integration of intersectionality and social justice (Pieterse et al., 2009). Incorporating intersectionality into clinical practice includes taking into account how multiple systems of oppression interact and create unique intersectional stressors that impact the client. Intersectionality is an important framework for guiding case conceptualizations as well as assessments and clinical interventions (APA, 2017). The field has also shifted away from being "value neutral" to being "value driven" and incorporating advocacy for social justice into the role of MHPs (DeBlaere et al., 2019; Vera & Speight, 2003). Cultural humility focuses on the relational aspect of working with clients from different sociocultural backgrounds and emphasizes an openness to feedback and being able to repair cultural ruptures in the therapeutic relationship (Hook et al., 2017). As opposed to a cultural competency framework, cultural humility underscores the continuous nature of learning and growth regarding diversity issues and does not accredit anyone with expert status. MHPs are ethically responsible to provide care to queer individuals with cultural competency and humility and therefore, effective training is needed in graduate school programs, prelicensure supervision, and community-based continuing education.

Although training opportunities for MHPs to provide culturally competent care for queer clients has increased (Asta & Vacha-Haase, 2013) and validated measures of affirmative practice are available, training is often not evaluated or based on evidence-based approaches (Israel & Bettergarcia, 2017). More empirical evidence for training and research is needed to provide evidence for the teaching interventions and training factors that are most helpful for therapists' development across the various cultural competency domains (e.g., knowledge, awareness, and skills).

Objectives

To critically examine what is currently known about effective training practices, as well as how future training and research on training could be improved, a systematic review of the empirical literature on queer cultural competency training was conducted. Given the importance of queer cultural competency training for mental health professionals, this systematic review explores the question: What does the empirical literature reveal about the effectiveness of queer cultural competency training for providing affirming psychological services?

Method

Search Strategy

To evaluate the research questions, a systematic review was conducted using the PRIMSA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses; Moher et al., 2009) and the PRISMA elaboration and explanation document (Liberati et al., 2009). The search was limited to peer-reviewed, empirical articles in English published between 2000 and 2020. Using the PICO approach, we defined our search criteria by Populations, Interventions, Comparator, and Outcomes (Higgins & Green, 2008). Populations were mental health providers including psychologists, psychiatrists, psychiatric nurses, social workers, counselors and therapists, and graduate level students studying for entry to one of the professions specified. Interventions included all

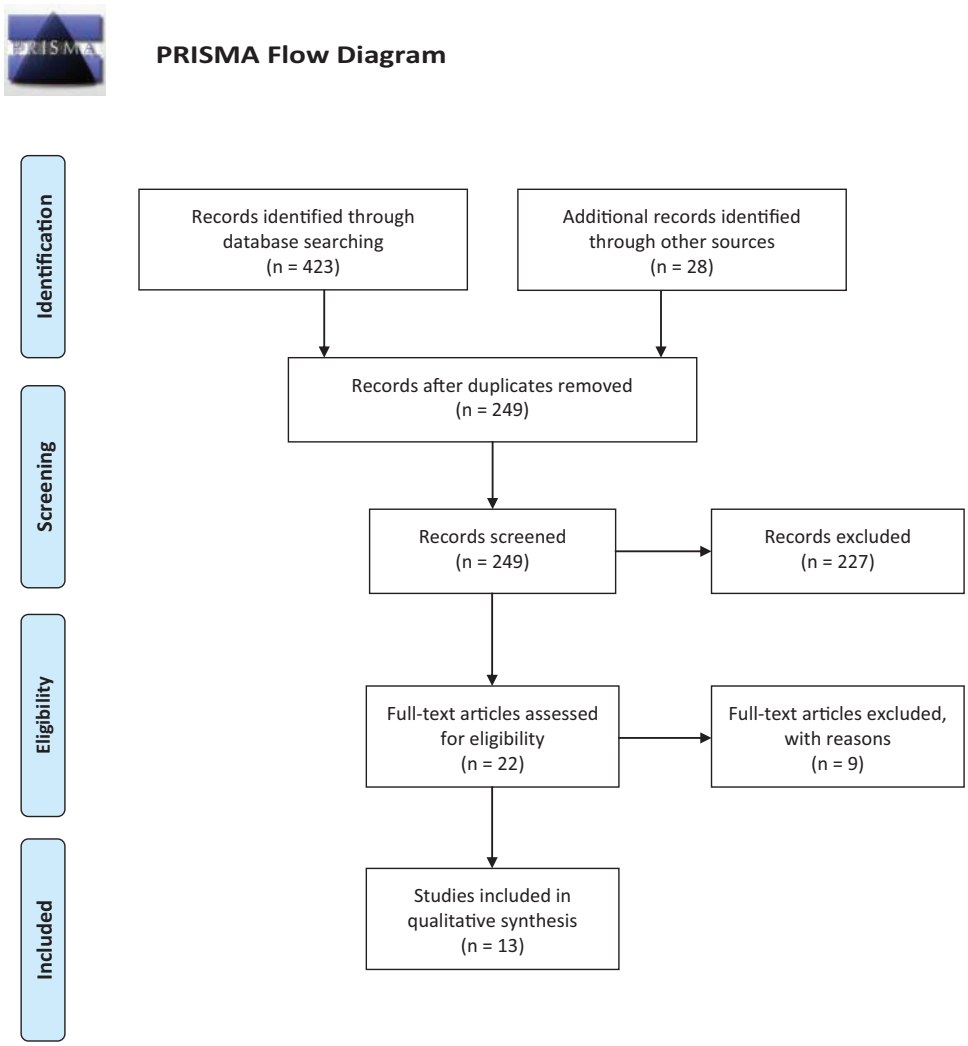
forms of training related to clinical work with queer clients that were provided at a graduate level or higher. Search criteria did not include a comparator, as the comparison to the training intervention is no training intervention, as opposed to a different type of intervention as might be the case in other systematic reviews. Outcomes included any measures related to cultural competencies including knowledge, attitudes, awareness, and skills.

A search was conducted on July 9th, 2020 and utilized the article title, abstract, keywords, and subject to find words related to training (training* or education* or learn* or course* or graduate* or intervention* or didactic* or "program evaluation*"), queer ("sexual* minorit*" or lgb* or gay or homosexual* or lesbian* or bisexual* or queer* or "sexual orientation*"), and therapist (psych* or "mental health" or "behavioral health" or "mental health professional*" or "mental health provider*" or "social work*" or counselor* or therapist* or clinician*). The literature search was conducted on the following search engines: PsycINFO, PsycARTICLE, Psychology and Behavioral Sciences Collection, MEDLINE, and Academic Search Complete. Additional sources were found via reference list searches of articles that were related to queer cultural competency training for mental health providers (i.e., Boroughs et al., 2015; Dentato et al., 2016; Israel & Bettergarcia, 2017).

Screening

A standardized assessment of eligibility was performed by the three authors and disagreements about inclusion or exclusion were resolved through discussion and consensus. Figure 1 shows the study selection process according to the PRISMA guidelines. The first step was identifying articles via database searches. Next, additional articles were found from other sources, including relevant reference lists. Then we reviewed study abstracts for the following

Figure 1
PRISMA Flow Diagram



Note. From Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med*, *6*(7), Article e1000097. https://doi.org/10.1371/journal.pmed1000097. See the online article for the color version of this figure.

inclusion criteria: (1) the article was empirical and evaluated an intervention, (2) the article included training or education related to working with queer clients, and (3) participants were mental health providers or graduate level trainees. If inclusion criteria could not be fully assessed from the abstract, the entire article was reviewed.

Data Extraction

A spreadsheet was used to organize the data extraction process. All studies that met the inclusion criteria were listed in the spreadsheet. Information from each article was extracted based on (a) characteristics of training participants (age, student or professional, profession); (b) training intervention format (type, duration, frequency); (c) training content (didactic lecture, experiential activities, videos, LGBTQ+ panels); (d) type of outcome measures utilized (knowledge, awareness, skills, self-efficacy); (e) outcomes; and (f) recommendations for research and training. Each author was involved in the data extraction process and the spreadsheet was examined by all authors for accuracy. As a relatively small number of articles met the inclusion criteria, interrater reliability was not calculated and instead, any discrepancies were discussed to consensus.

Results

A total of 13 articles were identified for inclusion in the review (see Table 1). The initial database searches provided 423 articles. An additional 28 articles were identified via other sources, including reference list searches. These additional articles were included if the study title included words related to mental health professionals or students and training about working with queer clients. A total of 202 duplicate articles were removed, leaving 249 articles. From here, 96 articles were screened out due to evident lack of fit. Remaining articles were excluded in a stepwise fashion, including 24 that were removed because they were not empirical, 97 that were not training or education about queer cultural competencies, 8 that did not include mental health professionals, and 2 that did not include either graduate students or professionals. The remaining 22 full-text articles were assessed thoroughly for eligibility and upon further exploration, 9 more articles were excluded. Six of the articles were not training or education about queer cultural competencies, one was not specific to mental health professionals, and two did not include graduate students or professionals.

Risk of bias across studies was explored, however no articles were excluded due to lack of quality or methodological rigor. Some articles provide stronger evidence and support for their training intervention based on the method and analyses chosen, which is addressed below. Across the studies, each data item was summarized by exploring main themes, counting the number of articles that used specific approaches, and identifying various patterns across the studies.

Characteristics of Included Studies

Method and Data Analyses

The 13 included articles were all empirical, and included both qualitative and quantitative approaches. Several research designs were utilized across the 13 included articles, including between subject's design (n = 3), within subject's design (n = 6), cross sectional posttest-only design (n = 2), and qualitative analysis (n = 2). Of the studies with a between subject's design, two were true experimental (randomized groups) and one was quasi-experimental (nonrandomized groups). Among the studies using a within subject design, the most common approach was implementing measures pre training and post training (n = 4). One study included a follow up survey at two months (Weeks et al., 2018) and one asked participants to estimate their knowledge and attitudes prior to training, but did not measure participants at multiple time points (Finkel et al., 2003).

Most studies conducted tests of mean differences with either independent or dependent samples (e.g., t-tests, ANOVAS, ANCOVAS) as their primary form of analyses (n = 7). One study used regression analyses and one study used chi-square tests. The cross-sectional posttest-only designs only reported descriptive statistics. The qualitative studies used Consensual Qualitative Research (CQR) methods and ethnographic methods to analyze their results.

Participants and Recruitment

There was a wide range of sample sizes, ranging from 10 to over 2,500. Five studies had fewer than 50 participants, five had between 50 and 200 participants and three had over 200 participants. About half of the studies used convenience sampling by recruiting graduate students who were already participating in the training intervention as part of their graduate programs (n = 7). All other studies (n = 6) used volunteer response sampling in which participants self-selected to participate in training. Participants represented a range of mental health professional fields including counseling and clinical psychology, social work, and school counseling. Of the studies who reported demographic characteristics of participants (n = 11), most participants were White, heterosexual, cisgender women. Interestingly, of the studies who reported demographics, three did not report information on sexual orientation (Finkel et al., 2003; Frick et al., 2017; Pearson, 2003) and two studies did not report information on race (Kauth et al., 2016; Pepping et al., 2018).

Intervention

Design and Length. Across the 13 studies, about half included a one-day training (n = 7), which were as short as one hour or as long as a full day. Fewer were graduate courses or training fellowships (n = 4), including a one-semester course, a sexualities studies course, a six-week summer course, and a year-long fellowship program. Only two of the training programs included multiday training, which were both two days of training with either two hours (n = 1) or three hours of training (n = 1) each day. There are vast differences in the number of training hours delivered across the 13 studies, from a one-hour training to a year-long intensive fellowship. All 13 studies were delivered in person and each reported utilizing a combination of didactic lecture and experiential or interactive components.

Content. Training content varied across studies, and studies varied markedly in the way they described the content of the training. Some articles were general in their description of the training content, while others were much more descriptive and detailed.

Table 1
Summary of Included Studies Evaluating Sexual Minority Cultural Competence Training for MHP

Source	Participants	Research design	Length of Training	Outcome measures	Main result
Bidell (2013)	Graduate students (n = 23)	Pretest/posttest design with a comparison group	6-week graduate course	Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005) Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (Dillon & Worthington, 2003)	Significant improvement in SOCCS (awareness, skills, knowledge) and LGB-CSI (knowledge, advocacy, awareness, assessment, and relationship)
Byrd and Hays (2013)	School counselor trainees (n = 77)	Randomized pretest/posttest with control group	1−3 hours	Sexual Orientation Competency Scale (Bidell, 2005)	Increase in knowledge, awareness, and skills
Craig et al. (2015)	Health and social service professionals and students (n = 2850)	Posttest only	1–3 hours	Lesbian, Gay, Bisexual Knowledge and Attitudes Scale for Heterosexuals (Worthington et al., 2005)	Increase in knowledge and skills
Doherty et al. (2016)	Aging services providers (n = 1,684)	Pretest/ Posttest	Full day and half day	Knowledge, attitudes, and skills all with measures created by organization	Knowledge increased and attitudes changed. Participants reported feeling more prepared.
Finkel et al. (2003)	Graduate students and administrative staff (n = 116)	Posttest only design with retrospective attitudes measured	2 two-hour sessions separated by 6 months	The Riddle Homophobia Scale (RHS; Wall, 1995)	RHS improved. Most achieved their behavioral commitments.
Frick et al. (2017)	Graduate students (n = 27)	Consensual qualitative research	2 three-hour class sessions	Open ended questions, reflection journal entries, and reflection paper	Films increased students' cultural competency, including increase empathy and reflection skills.
Goodrich and Luke (2010)	School counseling trainees (n = 11)	Qualitative and ethnographic	Semester-long graduate course	Trained process observers and subjectivity journals	Increased awareness of biases, knowledge, and skills
Israel and Hackett (2004)	Graduate students (n = 161)	Pretests/ Posttest	2.5 hours	The Homophobia Scale (Bouton et al., 1987) Attitudes Toward Lesbians and Gay Men (Herek, 1984) Index of Homophobia (Hudson & Ricketts, 1980) Knowledge About Lesbian, Gay, and Bisexual Issues scale (created by researchers)	Significant main effects of information condition on knowledge and on attitudes. Attitudes were more negative.
Kauth et al. (2016)	LGBT health fellowship students (n = 16)	Posttest only	1-year fellowship	Likert scales about experiences	Increase in self-reported knowledge post fellowship
Leyva et al. (2014)	Mental health professionals (n = 123)	Pretest/ Posttest	1 day	Knowledge, attitudes, skills	Participants improved on knowledge, attitude, and skills
Pearson (2003)	Graduate students (n = 10)	Pretest/ Posttest	Graduate course (40 hours over 8 weeks)	Knowledge, interest, and attitudes about course topics rated 1−100	Means for knowledge, awareness, and skills improved post training.
Pepping et al. (2018)	Mental health professionals (n = 96)	Pretest/ Posttest	7.5 hours	The Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory The Modern Homo-negativity Scale (Morrison & Morrison, 2002) The Acceptance and Action Questionnaire-Stigma (Levin et al., 2014) The Consumer Satisfaction Questionnaire (Larsen et al., 1979)	Improved attitudes, knowledge, and skills
Weeks et al. (2018)	Direct care practitioners (n = 2586)	Pretest/ Posttest with follow-up	2 three-hour trainings	Knowledge and training fidelity	Knowledge improved post training

However, all 13 studies described using both didactic lecturing and interactive or experiential components to some extent. Although reflective of the time period in which many of the studies were conducted, none of the articles mentioned incorporating a cultural humility framework.

Didactic components were often described as full lectures or mini-lectures about specific topics. Nearly all articles reported a review of terminology and definitions. Additionally, some included topics such as common mental health concerns, homophobia and oppression, heterosexual privilege, queer history and the civil rights movements, legal issues, affirming care, the coming out process, HIV/AIDS, common medical concerns, risk and resilience, queer youth, attitudes, stereotypes, and the coming out process. Some of the more specific topics were directly related to the audience members' job or position (school counselors learned more about risk and resilience among queer youth), while others were broader in scope. Unfortunately, intersectionality was rarely explicitly mentioned as part of the training content. Four articles noted including intersectional identities in the training with only two focusing on race/ethnicity, such as including a panel of queer people of color. Less than half of the articles ($n = 6$) referred to teaching about social justice advocacy or including advocacy opportunities.

Interactive and experiential components were also common across the training interventions. Some of these activities seemed to focus on developing awareness of attitudes, biases, and privilege, though many were also likely used to increase knowledge. These included interactive games, group discussions, or hearing from a panel of queer people. Media was also utilized via films and analyzing music lyrics. Some of the experiential components also focused on developing skills, practicing something new, actively planning for behavioral change, and discussions about actions to help change nonaffirming schools.

Not surprisingly, studies that described graduate courses (i.e., Bidell, 2013; Goodrich & Luke, 2010; Pearson, 2003) or a year-long fellowship (i.e., Kauth et al., 2016) had more time to explore various topics using multiple teaching modalities. Given the additional hours, graduate programs and fellowships tended to include some amount of reading, discussion, film, panels, tours of LGBT centers, supervision, journaling, and role plays. Further, articles about graduate school courses (i.e., Bidell, 2013; Goodrich & Luke, 2010; Pearson, 2003) were also more likely to report that the training included an intersectional approach.

Outcomes

Primary Outcomes. The primary outcomes were measures of cultural competency, including knowledge, attitudes or awareness of biases, and behavioral skills. All of the studies that measured subjective or objective knowledge showed an increase in knowledge posttraining ($n = 11$); the remaining two studies did not measure knowledge. Attitudes toward queer people were measured in 9 of the 13 studies. Nearly all of the studies that measured attitudes showed an increase in positive attitudes or decrease in negative attitudes ($n = 7$). One study found a decrease in positive attitudes posttraining ($n = 1$; Israel & Hackett, 2004); and one study did not find a significant difference in attitudes ($n = 1$; Finkel et al., 2003). A total of seven studies included behavior-related measures, such as clinical skills, self-efficacy, behavioral intentions or behavioral change. All seven studies found that training significantly increased affirming clinical skills or related measures.

Secondary Outcomes. Some studies asked quantitative and qualitative questions about the feasibility and acceptability of their training ($n = 4$), reporting that participants found training likeable, useful, and satisfactory. A couple of studies ($n = 2$; Israel & Hackett, 2004; Weeks et al., 2018) collected data on the fidelity of the training session and found that training was implemented in a consistent manner across training sessions.

Study Recommendations for Future Training and Research

Almost all of the articles included specific recommendations for future queer cultural competency training ($n = 12$) and for research on training ($n = 10$). Regarding training, recommendations focused on pedagogical components, best practices when constructing training, important audiences to target, and trainer considerations. In terms of research, recommendations were included on research design and measures.

Training Recommendations. Eight articles provided recommendations for specific pedagogical components that should be included in queer cultural competency training. In terms of training recommendations, this area was afforded the most attention by study authors and had the greatest number of overlapping recommendations. The most commonly cited component was an opportunity for difficult dialogues and discussion ($n = 3$; i.e., Craig et al., 2015; Frick et al., 2017; Weeks et al., 2018). Two other areas of agreement were the inclusion of first-hand accounts, such as panels ($n = 2$; i.e., Frick et al., 2017; Leyva et al., 2014); and a skill rehearsal or role play component ($n = 2$; i.e., Craig et al., 2015; Frick et al., 2017) to enhance professional skills with queer clients.

Individual articles provided a number of additional recommendations regarding training components. Finkel et al. (2003) recommended that training address within-group diversity by adding more content on bisexuals, transgender people, and LGBTQ Black, Indigenous, and People of Color (BIPOC), while Goodrich and Luke (2010) encouraged trainers to infuse social justice into the curriculum. Weeks et al. (2018) highlighted the importance of establishing ground rules, as well as self-care activities at the beginning and throughout training. Pearson (2003) recommended incorporating lyrics of popular music as an educational tool. General recommendations were also provided to use formal didactics (Kauth et al., 2016) and experiential activities (Goodrich & Luke, 2010).

Seven articles addressed important considerations when developing queer training. Overall, there was a lack of consensus across articles in this area, so each recommendation was represented by a single article. Examples of recommendations included selecting activities based on the desired skills competencies (i.e., Bidell, 2013); ensuring components are relevant to participants' professional activities and settings (i.e., Craig et al., 2015); and using an interprofessional and collaborative model of training (i.e., Kauth et al., 2016). With regards to facilitating deeper change, Weeks et al. (2018) encouraged adding components that address underlying bias, while Israel and Hackett (2004) noted that longer interventions may be more effective in changing attitudes. Lastly, Craig et al. (2015) highlights that trainers should be aware of the unique challenges of having difficult dialogues in a "multidisciplinary community format" (p. 1717).

Recommendations regarding audiences and settings of training ($n = 2$; i.e., Byrd & Hays, 2013; Pepping et al., 2018) and considerations for trainer behaviors ($n = 1$; i.e., Weeks et al., 2018) were

not well-represented across studies. Regarding intended audiences, Pepping et al. (2018) emphasized the need to provide training across experience levels instead of focusing only on graduate students and newer therapists. Byrd and Hays (2013) specifically recommended training be conducted in school settings to improve safe spaces for students. Weeks et al. (2018) was the only article to highlight specific considerations for trainer behaviors. The authors described the emotional toll that trainee microaggressions and heterosexist beliefs had on trainers, noting that, "Trainers need to be mentally and emotionally prepared, in addition to having experience managing emotionally-charged group dynamics . . ." (p. 140). They also asserted that trainers need to take an active approach to correct trainee misconceptions that become apparent during training (i.e., Weeks et al., 2018).

Research Recommendations. Ten articles provided recommendations specific to research design when conducting studies on queer cultural competency and humility training. There were four recommendations that overlapped across some of the studies: (a) include a large sample size in order to conduct quantitative data analysis (i.e., Byrd & Hays, 2013; Kauth et al., 2016); (b) include a control group (i.e., Doherty et al., 2016; Finkel et al., 2003); (c) use a pretest posttest design (i.e., Craig et al., 2015; Weeks et al., 2018); and (d) assess long-term outcomes (i.e., Leyva et al., 2014; Pepping et al., 2018). Other recommendations included addressing the impact of social desirability and ceiling effects (i.e., Israel & Hackett, 2004); and examining both in-person and online training (i.e., Doherty et al., 2016). As an overarching recommendation, Weeks et al. (2018) called for more research on queer and transgender bias training overall.

Four articles addressed recommendations related to measures in studies of queer training. Three recommendations overlapped across two articles each: (a) include measures related knowledge (i.e., Craig et al., 2015; Pepping et al., 2018); (b) refine measures and develop standardized assessment tools (i.e., Leyva et al., 2014; Weeks et al., 2018); and (c) consider the problems in using self-report measures and use objective assessors, supervisors, etcetera (i.e., Pepping et al., 2018; Weeks et al., 2018). Additionally, a few articles recommended particular outcome measures: self-efficacy and cultural competency (i.e., Pepping et al., 2018); bias reduction (i.e., Weeks et al., 2018); clinical skills (i.e., Craig et al., 2015); clinical understanding, such as through vignettes (i.e., Pepping et al., 2018); and clinical preparedness (i.e., Craig et al., 2015). Two articles recommended studying the training itself with regards to training fidelity (Weeks et al., 2018) and appropriateness of training content (i.e., Craig et al., 2015). Only one article recommended measuring client outcomes, specifically assessment of therapy outcomes for training participants' queer clients, as well as client satisfaction (i.e., Pepping et al., 2018). Lastly, one article mentioned the need for qualitative assessment, specifically with regards to training fidelity (i.e., Weeks et al., 2018).

Risk of Bias within Studies and between Studies

There were several risks of bias within each study and across studies. First among the quantitative studies, only three studies included a comparison group and only two conducted RCTs (Byrd & Hays, 2013; Israel & Hackett, 2004); indicating that most studies had several threats to internal validity including the impact of history, maturation, and testing. Within-subjects prepost designs may have been particularly vulnerable to testing effects if the time between tests was brief (e.g., after a three-hour intervention). The studies reviewed may have been impacted by expectancy effects, as participants knew the objective of the implemented training. There were also several threats to statistical conclusion validity including low statistical power due to small sample sizes and restricted range of scores due to ceiling effects on outcome measures, especially attitudes. Self-report biases likely impacted participant responses, however, no studies controlled for social desirability effects. Less than half of the studies (n = 6) included measures related to behavior and most were approximate measures (e.g., self-efficacy and behavioral intentions) and were self-reported. Only two studies measured fidelity of the training intervention and therefore it is unclear whether training implementation was reliable for studies that included multiple training sessions. Among the qualitative studies, only one qualitative study used observational techniques to measure behavior change. The results of the studies have limited generalizability as most samples were skewed toward White, cisgender, heterosexual, women. Finally, only one study included a follow up component (i.e., Weeks et al., 2018) and therefore we do not know the stability of results over time.

Synthesis of Results

Results included descriptions of the studies, training format and content, their results, and their recommendations for training and research. Given that the study designs, participants, training interventions, and reported outcome measures were so varied, the results are described using qualitative synthesis rather than meta-analysis.

Across the studies, training interventions varied in their format, design, content, and content delivery methods. Research designs included both between and within subject designs, with many pretest posttests designs and few that utilized experimental designs. Some articles used posttest only or qualitative methods. Format varied from just a few hours of training to year-long training programs. Content was often delivered via a combination of lecture and some experiential or interactive components. Most studies measured knowledge, and some measured attitudes, skills, and self-efficacy. Results across most training indicated an increase in knowledge, though we questioned the quality of subjective increases in knowledge, as opposed to those studies that measured knowledge change with objective measures. Attitude change tended to improve, though one study found more negative attitudes. Most articles provided recommendations for training and research, though there was minimal consensus. Broadly, training should allow an opportunity for first-hand accounts, difficult dialogues, and skill rehearsal. Interestingly, these recommendations map on to common training objectives with respect to knowledge, attitudes, and skills. There were a variety of recommendations related to research design and measures to improve the quality of data, such as that training should include a large sample size, control group, pretest/posttest design, and assess long-term outcomes.

Discussion

Although we tend to believe that cultural competency training works to increase knowledge, attitudes, and skills so that mental health providers can deliver queer-affirming care, there is not enough supporting evidence to suggest that this is always the case.

These findings echo the training and education guidelines set forth via APA's (2021) *Guidelines for Psychological Practice with Sexual Minority Clients* and the ACA ALGBTIC's Competencies for Counseling Lesbian, Gay, Bisexual, Queer, Questioning, Intersex and Ally Individuals (Harper et al., 2013). Yet, as queer clients continue to experience harmful microaggressions in therapy (Spengler et al., 2016), it is clear that cultural competency training about queer clients is critical to effectively serve this vulnerable population and prevent additional harm. There is an obvious discrepancy, however, in our belief that training is working and data about the continued current mistreatment of queer clients in clinical settings. This review leaves the field with more questions than it answers, such as, are current training methods actually working? Do we just need more training? Or, do we need to change our training components and approaches?

Overall, the evidence for queer cultural competency training for mental health professionals is not sufficiently robust. The research studies reviewed suggest that training increases self-reported knowledge, and sometimes changes attitudes and skills. However, the results are difficult to substantiate given the limited number of studies and the challenges of assessing such distinct training protocols across studies. Many lacked the types of research design, detailed descriptions of training format and content, or adequate measures to provide evidence for the effectiveness of these training interventions. For example, only a few utilized a control group (n = 3; Bidell, 2013; Byrd & Hays, 2013; Israel & Hackett, 2004) or conducted a follow-up sometime after the training (n = 1; i.e., Weeks et al., 2018). Additionally, many studies used self-report measures that are subject to social desirability bias, particularly measures of attitudes (Krumpal, 2013). None of the studies controlled for this confounding variable or discussed social desirability whatsoever. Research indicates that cultural competency measures are susceptible to social desirability bias indicating that self-reported responses do not accurately reflect participants' knowledge, attitudes, and skills. Therefore, it is recommended that social desirability is controlled for when measuring cultural competencies (Larson & Bradshaw, 2017). These limitations are reflected in the broader multicultural education literature, as authors continue to call for more empirical research and use of experimental research designs (Gonzalez-Voller et al., 2020; Malott et al., 2010).

Lack of evidence in this area may be due to the methodological challenges in evaluating training interventions. We often hope and expect that training will be multifaceted, utilize various pedagogical approaches and techniques to support learning, and will be adapted to the training audience (Malott et al., 2010). These may all be helpful for the training; however, it makes studying the effectiveness and feasibility of cultural competency training challenging because it is difficult to know which facets of the training activities worked to create a change in participants' knowledge, attitudes, or skills, or for whom certain activities worked. Additive and dismantling designs are useful for exploring the specific interventions and teaching techniques that are driving specific outcomes and results (Papa & Follette, 2015). This is not to say that training should be manualized or held constant, but rather that the nature of the intervention makes research about its effectiveness challenging, though not impossible to study. To the contrary, it is imperative to develop this area of research and training. Utilizing multilevel modeling and nested data structures may also be particularly helpful for exploring participants who are "nested" within a particular training program as it is a robust and useful tool to explore clustered data and hierarchical structures (see O'Dwyer & Parker, 2014). Strengthening the methodological rigor of quantitative studies that evaluate queer cultural competencies and developing evidence-based and pedagogically sound training experiences for mental health professionals is possible and essential in improving mental health care for queer clients. There are several implications and recommendations that may be gleaned from this review to help improve the quality of queer cultural competency training and research.

Implications for Training

Although the diversity of training format, research design, and measures do not make it possible to provide data-driven implications for training, the findings of this review give some insight into best practices for queer training of clinical trainees and professionals. As is true for the multicultural training literature overall, the existing empirical findings on queer-focused training do not provide clear guidance for the most effective length of training or training activities. The most commonly recommended training component was an opportunity for difficult dialogue, yet, there was almost no focus on the ability of trainers to effectively facilitate these discussions. In addition to training activities, it is crucial to focus on the trainer skills necessary to successfully facilitate difficult dialogues and create a safe learning environment. Weeks et al. (2018) addressed the challenges experienced by the trainers, but did not speak to the impact of trainer abilities on the overall effectiveness of the training. Finally, one article pointed out the need to train more established clinicians in addition to students and recent graduates (i.e., Weeks et al., 2018). As the majority of the studies in this review focused on training graduate students (n = 7), our findings support that call. Training for later career MHPs is important because they may be less likely to have received training in their graduate programs. In addition, queer terminology and cultural norms are constantly and often rapidly evolving, requiring ongoing education for all clinicians.

Based on existing literature and what we think we know, training components should map onto competency objectives (Bidell, 2013); and incorporate activities that focus on knowledge, self-awareness and attitudes, and skills (Boroughs et al., 2015; Pearson, 2003). However, more recently, the literature has called for a focus on cultural humility as well (Hook et al., 2017; Mosher et al., 2017). Similar to this literature and the new APA Guidelines for Psychological Practice with Sexual Minority Persons (American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021c); we encourage clinicians to take a standpoint of cultural humility. Given that none of the articles in this review mentioned training in cultural humility, it appears that this relational component of queer-affirming therapy may be overlooked in our current approaches. In order to meet these calls, future training would benefit from providing readings and discussions on cultural humility (see Mosher et al., 2017), as well as examples of clinical interactions that demonstrate a cultural humility approach.

As less than one third of the training studies sampled in this review integrated an intersectional approach, it is evident there is work to be done to diversify queer-related clinician education. Forty years ago, Audre Lorde famously observed that, "There is no such thing as a single-issue struggle because we do not live

single-issue lives," (Lorde, 1984; p. 138). Thirty years ago, Kimberle Crenshaw coined the term "intersectionality," and outlined the problems inherent in ignoring it (Crenshaw, 1989; 1991). The APA Guidelines for Psychological Practice with Sexual Minority Persons (American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021c) include intersectionality as an underlying conceptual *foundation* and highlight intersectional identities in the first guideline for practitioners. It is beyond time for trainers to not only integrate intersectionality in training, but to centralize queer people of color, queer transgender people, queer disabled people, the queer poor, and queer women when discussing issues faced by queer people. The literature on supporting queer clients has historically and continues to be dominated by a White perspective on issues such as coming out, identity development, pride, and other clinical issues (Brockenbrough, 2015). Perpetuating such perspectives in training not only excludes experiences of people of color, but can contribute to continued harm for queer clients with multiple marginalized identities. To centralize intersectional queer experiences, White queer trainers may need to decentralize their own experiences. This can be done using critical race and feminist theories to inform pedagogy, showing videos that give voice to multiply marginalized groups, inviting panelists who reflect diversity within queer communities, and assigning readings on intersectionality. Additionally, queer trainers of color should be valued and adequately paid for their expertise and emotional labor.

Social justice and advocacy skills were included in about half of the articles and should be a core component in future training. Advocacy is discussed throughout the APA Guidelines for Psychological Practice with Sexual Minority Persons (American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021c) as an important function of psychologists. Further, the guidelines are clear that, "Psychologists aspire to integrate social justice into training curricula," (p. 18). Without attention to social justice and advocacy in queer training, we are doing a disservice for clients and clinicians. In U.S. courts, battles continue over the rights of queer people, and psychologists need to be prepared to engage at the institutional and policy level. Further, psychologists should also be poised to protect and defend all forms of diversity training as they face attacks like the recent Executive Order on Combating Race and Sex Stereotyping (Executive Office of the President, 2020). This may be a critical moment in the future of diversity training, and it underscores the importance of knowing how to use our power and expertise as psychologists to advocate for social justice. Future training curriculum would benefit by focusing on increasing cultural humility, cultivating an intersectional approach, teaching advocacy skills, and future research is needed to evaluate the impact of training on these areas.

Implications for Research

Researching the efficacy and effectiveness of cultural competency and humility training is difficult for several reasons, including those previously noted. The research methods used across these studies do not provide sufficient evidence that training, in general, is effective, however, there are several concrete ways that future research can address gaps in our understanding and risk of bias. In terms of research design, most quantitative studies thus far lacked evidence of internal validity by not having a comparison group. More experimental designs are needed to provide stronger empirical evidence that specific queer cultural competency training models are efficacious. Randomization of participants may be challenging for in person training interventions, however quasi-experimental designs can still help address threats such as history and maturation. Additionally, more research on long term effects of training are needed and may help address validity threats that occur by using the same measure within a brief amount of time (testing effects).

Most studies used a variety of intervention components in their training such as didactic lectures, discussions, and experiential activities. Therefore, when exploring the effects of a training program it can be challenging to pinpoint the specific mechanisms of change. Dismantling studies can help address this issue by separating out components of a multicomponent training and examining the effects of each component individually as well as the combined effect (Papa & Follette, 2015). Another approach is an additive design, which aims to develop multicomponent interventions by first researching the efficacy of one component and then adding on components one at a time (Squires et al., 2014). In addition to not knowing what training components are more or less effective, we cannot draw conclusions on how much training is required to see sustained change. The training programs studied ranged vastly from one hour to a full year of training. While one might expect that more training would have a stronger and more lasting impact, we currently do not have enough information to support this argument. Future studies can examine "dosage" effects by comparing cultural competency of people who have completed different amounts of similar training.

Another limitation mentioned by several articles is the lack of standardized measures on queer-affirming cultural competencies. Though some empirically validated psychological measures exist and they offer helpful insight into the key components of affirmative practice with queer clients, more are needed. Bidell and Whitman (2013) reviewed three counseling assessments that aim to measure clinician's cultural competencies in working with queer clients: the LGB Affirmative Counseling Self-Efficacy Inventory (Dillon & Worthington, 2003); Sexual Orientation Counselor Competency Scale (Bidell, 2005); and LGB Working Alliance Self-Efficacy Scale (Burkard et al., 2009). These measures offer quantitative insight into the discrete components of affirmative counseling including attitudes, knowledge, skills, and/or relationship quality. More recently, a short form of the LGB Affirmative Counseling Self-Efficacy Inventory was developed and tested (LGB-CSI-SF; Dillon et al., 2015). The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) was also more recently developed as a self-assessment measure for clinical preparedness, attitudinal awareness, and basic knowledge (Bidell, 2017). Future research should continue to develop and test measures of queer-affirming cultural competencies to aid in training program evaluation.

Another major issue related to measurement is that most measures of cultural competency assess participants' self-reported perception of their own knowledge, attitudes, and skills, which is inherently at risk for bias. Therefore, measure development should consider ways to make items less susceptible to social desirability bias (Krumpal, 2013). Some studies included objective measures of knowledge developed by the researchers and used additional techniques to more objectively measure change such as observations of skills. It would be valuable for future research to use

additional measures of cultural competencies that are resistant to self-report bias such as implicit attitudes measures and use of vignettes, role plays, or observational methods. While no studies in this review measured cultural humility among trainees, a new scale was developed that could be used in future research, the Multidimensional Cultural Humility Scale (MCHS; Gonzalez et al., 2021). We encourage use of the MCHS and client-reported cultural humility scales, such as the Cultural Humility Scale (Hook et al., 2013) to determine the effectiveness of queer-affirming training in increasing mental health providers' cultural humility.

The empirical psychology training literature thus far has focused on what training content and format are effective at increasing cultural competencies, but other variables such as trainer skills and the training relationship also may have a significant impact on trainees' ability to change (Estrada, 2015). Most studies did not describe the trainers whatsoever and no studies included measures to assess whether trainer qualities impacted the effectiveness of training. Pedagogy literature has identified the qualities of instructors that promote effective teaching (Estrada, 2015; Stronge, 2018). More research is needed to identify trainer qualities that lead to effective training for queer cultural competencies. Additionally, training is often a dynamic process impacted by the relationship between trainer and trainees, as well as the learning environment. The psychotherapy outcome literature has found evidence that the therapeutic relationship is a foundational component of initiating client change, whereas specific therapeutic techniques are potentially less critical (Wampold & Imel, 2015). Similarly, trainer effects may be a critical factor, which has thus far been largely ignored in queer training evaluation research. More research is needed to evaluate trainer effects on queer cultural competency training.

Limitations

This systematic review explores and synthesizes findings across studies to help elucidate the current state of the research on queer-affirming cultural competency training for mental health providers. The main limitations of this systematic review, as with many reviews, is that the quality of the studies included for analysis varied substantially. Methodological rigor was highly variable across the quantitative studies, which made analysis challenging and the conclusions drawn from this data are weak. Further, the training format, content, length, and delivery varied across the studies and were often not easily ascertained from the training descriptions provided. Though some of these challenges may be due, in part, to the nature of training programs and the challenges associated with assessing training, more is desperately needed to bolster this research and propel the field forward.

Conclusion

Developing cultural competency and cultural humility for working with queer clients is a lifelong commitment, which includes continued education and training. Research about the effectiveness of queer cultural competency training on the knowledge, awareness, and skills of mental health professionals is limited, not only by the number of studies, but also by the methods and measures used to test their effectiveness. The evidence across the reviewed studies seems to suggest that queer cultural competency training for mental health professionals likely can increase *self-reported* knowledge, attitudes, and skills from pretest to posttest. Yet, given the risks of bias, including reliability and validity concerns across studies and the limited number of studies, these conclusions should be interpreted with caution. As research about the effectiveness of queer training efforts for mental health professionals develops, and training continues to occur, it is imperative that intersectionality, cultural humility, and social justice advocacy are not only included, but centered in the development, implementation, and methodologically rigorous evaluation of such training programs.

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* Articles selected for inclusion in this systematic review are denoted with an asterisk in the reference section.

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