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"*We are better and happier if we are inclusive*." Therapist perspectives on the importance of LGB cultural competence in a mental health setting

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Abstract

Lesbian, gay and bisexual people are more likely than their heterosexual counterparts to report dissatisfaction after accessing a counselling or psychological service. Greater dissatisfaction may result from therapists who focus on psychopathology without considering cultural context. Research has demonstrated therapists' cultural competence (attitudes, knowledge and skills) may influence effective service provision to LGB people. Counsellors and psychologists (N = 10) were interviewed to determine the sources of information influencing the cultural competence and LGB cultural competence practices used by therapists in their clinical practice. Three themes were developed from semistructured interviews: (1) the importance of multiple sources of cultural competence; (2) applying cultural competence improves the therapeutic process; and (3) ensuring visual cues of affirmation are affirming, not pathologising. Theme 1 highlighted that initial professional training, cultural competence training and lived experience could be triangulated to assist therapists in improving their cultural competence. Theme 2 highlighted that cultural competence improves the therapeutic process by ensuring therapists can demonstrate affirming attitudes, knowledge about LGB people and culturally affirming skills to work effectively with LGB clients. The final theme explored the need for therapists to create an inclusive space for LGB clients. Recommendations for improving clinical practices and tools to enhance cultural competence are discussed.

KEYWORDS
counsellor, cultural competence, LGB, mental health service, psychotherapist

1 | INTRODUCTION

Minority stress theory describes the impact of stressful events (distal stressors) and negative internal perceptions of events (proximal stressors) on the mental health of lesbian, gay and bisexual (LGB) people (Meyer, 2003). Minority stress theory posits that, in addition to life stressors faced by everyone, LGB people may experience distal stressors related to being a minority, such as prejudice events,

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stigma and hypervigilance to rejection (Meyer, 2003). Minority stress may result from a host of experiences specific to LGB people, including rejection by family and friends, barriers to workplace role progression, experiences of microaggressions, shame resulting in internalised homophobia and pressure to conceal sexuality and antigay violence (D'haese et al., 2015; Gates, 2014; Kuyper & Fokkema, 2011; Meyer, 2003; Nadal et al., 2011; Newheiser et al., 2017; Plöderl & Tremblay, 2015). Experiencing distal and proximal stressors may explain why research indicates LGB people are at greater risk of mental distress than their heterosexual counterparts (Cochran et al., 2003; Meyer, 2003; Plöderl & Tremblay, 2015).

Research examining rates of help seeking has indicated LGB people are equally likely or more likely to access therapists to assist in mental health recovery than heterosexual people, though they are twice as likely to experience unmet treatment needs (Baams et al., 2018; Dunbar et al., 2017; Reisner et al., 2021; Steele et al., 2017). Scholarship examining unmet treatment needs highlighted that LGB clients who experienced distal stressors from their therapist were more likely to drop out of mental health service use, which can be explained by the therapist failing to demonstrate culturally affirming practices (Simeonov et al., 2015; Utamsingh et al., 2016).

In this paper, we acknowledge the intersectionality between sexual orientation and gender identity and the shared history, connection and advocacy of the LGBTIQA+ community and that research results may examine both sexuality and gender diversity. We have chosen to focus on what constitutes culturally competent care when working with someone who has a nonheterosexual sexual orientation, as opposed to examining what constitutes culturally competent care to gender-diverse people. While LGB people may also be gender-diverse, we propose that cultural competence considerations will differ when therapists are seeking to provide culturally affirming care to gender-diverse people. For example, therapists seeking to provide culturally competent care to gender-diverse people may require additional knowledge about the experiences of transitioning. As such, the scope of this article is to specifically understand what constitutes cultural competence when therapists provide service to LGB people.

Barriers present in the mental health system can impact effective service provision to LGB people (McIntyre et al., 2012). Therapists who adopt the medical model of care in a therapeutic setting may focus more on the psychopathology presentation and less on the individual context (McIntyre et al., 2012). While it is important to focus on providing treatment for the presenting issues, failing to understanding a client's cultural context can result in barriers to service access and engagement (McIntyre et al., 2012). Therapists who are unaware of cultural context are more likely to apply heteronormative assumptions to clients, fail to demonstrate culturally inclusive practices and provide recommendations which may not be appropriate to LGB cultural groups (Anderson & Holliday, 2007; McIntyre et al., 2012). Conversely, therapists who demonstrate knowledge, awareness and inclusive practices when engaging with LGB clients experienced more sustained therapeutic alliances and more positive outcomes (Moore et al., 2020).

Implications for Practice and Policy

- Cultural competence can be developed from many sources, many of which are not currently acknowledged in the literature. Training institutions should seek to provide practical cultural competence training to counsellors and psychotherapists, though our participants reported limited usefulness of current training. Practical cultural competence courses can be a good source of cultural competence for counsellors and psychotherapists if the training focuses on applied clinical skills. Informal sources of cultural competence such as having LGB friends and family, immersion in the LGB community and working with LGB people can improve cultural competence.
- Inclusive, open-minded, knowledgeable and skilful providers are valued by LGB people. Service providers can demonstrate these values by remaining consciously aware of the assumptions made about presenting consumers, ensuring the language used during counselling and psychotherapy is not heterocentric, performing independent research, such as accessing free scholarly articles on cultural competence, and demonstrating flexibility to interpret what sexual orientation means to a client without relying on stereotypes or assumptions.
- Counsellors and psychotherapists seeking to demonstrate cultural competence should seek to incorporate visual cues of affirmation into their service. Participants identified several ways affirming visual cues could be helpful in demonstrating inclusivity, including having an inclusivity statement on a service website, having affirming cues in the waiting room including gay/bisexual/transgender flags, using rainbow lanyards, having rainbow flags in the therapeutic office, having open-ended gender and sexuality questions on the intake form and receiving certification from human services initiatives, such as receiving the "rainbow tick."
- Our research highlights the importance of counselling and psychotherapy services having a holistic approach to culturally competent care. Counselling and psychotherapy services need service policies in place which ensure all LGB clients receive culturally affirming care. Staff should all have access to cultural competence training to ensure cultural competence permeates services.

Cultural competence provides a framework describing how therapists can provide best practice to LGB people (Crisp, 2006; Sue et al., 1982). The tripartite model of cultural competence describes three core components of cultural competence: awareness of one's own beliefs, biases and attitudes; knowledge and understanding of

the cultural group including expectations for the therapeutic relationship and how one's own cultural background comes into play; and skills and tools to provide culturally sensitive assessment and intervention (Crisp, 2006; Sue et al., 1982). A systematic review examining how culturally affirming practices impact service provision to LGB people has highlighted that poor cultural competence often results from negative attitudes towards LGB people, lack of knowledge about the impact of minority stress on LGB and poor practitioner skill in demonstrating affirming care (Bishop et al., 2021b). Understanding the impact of cultural competence on therapeutic outcomes is important because it allows therapists to provide best practice care to LGB clients.

Limited research has explored the challenges that exist for therapists to attain the cultural competence to inform their inclusive practice (Bishop et al., 2021b). Previous research on a cohort of graduate counsellors demonstrated that passive lectures on culturally affirming practice were insufficient to promote the use of cultural competence practices in a clinical setting (Graham et al., 2012). The most effective way for counsellors to attain a higher level of cultural competence was the attendance of interactive workshops or to work directly with LGB clients (Graham et al., 2012). For many therapists, attending multiday interactive workshops may be difficult due to the impact of high caseloads and competing professional development opportunities, and working with LGB populations specifically may not be possible (McIntyre et al., 2012). As such, more work needs to be done to understand what sources of information affect a therapist's cultural competence and what interventions can be utilised to increase cultural competence in therapists.

Several practices have been identified by LGB clients and LGB-affirming therapists that may assist in providing culturally affirming service. First, therapists can demonstrate a service is a safe space for LGB people through advertising as LGB-friendly and utilising visual cues of affirmation in the waiting room and in therapists' offices (McCann & Sharek, 2014). Visual cues of affirmation can increase LGB client confidence in services by illustrating that a service is providing a safe and affirming space (Wilkerson et al., 2011). Second, therapists who demonstrate inclusive attitudes through using inclusive language and being mindful of heteronormative assumptions are less likely to alienate LGB clients (Bishop et al., 2021a). The use of inclusive language and practice allows LGB clients to disclose their sexuality with greater confidence and increases the perception of a service as affirming of LGB people (Croghan et al., 2015; Pennay et al., 2018). Last, therapists who demonstrate a more nuanced understanding of the issues impacting LGB clients have more effective therapeutic interventions (Alessi, 2014). Demonstrating knowledge can include general knowledge about LGB experiences, such as the impact of coming out or the impact of minority stress, and specific knowledge such as the structures of same-sex relationships, queer sex and the additional stressors bisexual people may face, such as bierasure (Bishop et al., 2021a). Currently, limited research has sought to determine whether therapists are utilising these cultural competence practices in their service provision with clients and the implications for providing best practice to LGB people.

This study seeks to understand what sources of information have influenced the cultural competence of counsellors and psychologists in providing culturally competent services to LGB clients. This study also seeks to understand what practices counsellors and psychologists use in their clinical practice to provide culturally affirming service to LGB people.

2 | METHODS

2.1 | Participants

Participants ($N = 10$) were registered counsellors and psychologists from one of three Australian cities (Canberra, Melbourne or Sydney). Participants were identified as heterosexual ($n = 8$) and gay men ($n = 2$). Participants were cisgender men ($n = 4$) and cisgender women ($n = 6$). Participants were recruited through convenience sampling from the Australian Psychological Society, The Black Dog Institute, Australian Primary Health Networks and universities in Canberra, Sydney and Melbourne.

2.2 | Measures

Interview questions were developed based on a literature review of cultural competence research. Participants were asked semistructured interview questions pertaining to sources of cultural competence, level of knowledge about LGB people and minority stress, visually affirming practices utilised in clinical practice and practices allowing LGB consumers to disclose their sexual orientation.

2.3 | Procedure

All participants provided written consent to participate in the study. Participants were asked to reflect on their professional practice; an ethical consideration ensured participants were not shamed if they disclosed instances of limited cultural knowledge. In development of this article, the authors limited professional risk to participants' reputations by ensuring anonymity. A semi-structured interview was conducted with participants via phone or videoconferencing app; no interviews were conducted in person due to COVID-19 precautions. Interviews were approximately 30–40 min in length and were recorded and transcribed by the research team.

2.4 | Data analysis

Using the Braun and Clarke (2006) method to thematically analyse interview data (familiarise, generate codes, search for themes,

review themes and name themes), this study utilised a theory-driven thematic analysis to determine the sources of information that have influenced counsellors' and psychologists' cultural competence and their use of cultural competence practices during service provision to LGB clients. Data coding and theme development of the data corpus was completed by the first author. Coding and theme development was discussed throughout the data analysis process with the co-authors.

3 | RESULTS

The first aim of the present study was to understand what sources of information influenced a counsellor's or psychologist's development of cultural competence. Analysis of participant responses highlighted the importance of multiple sources of cultural competence influencing the development of cultural competence. The second research question sought to understand the use of LGB cultural competence practices to counsellors and psychologists in their clinical practice with LGB clients. Analysis of participant responses highlighted that applying cultural competence improves the therapeutic process and the provider should ensure LGB visual cues are affirming, not pathologising.

3.1 | Sources of information influencing cultural competence

3.1.1 | Theme 1—The importance of multiple sources of cultural competence

Cultural competence training is often recommended as an important aspect of attaining cultural competence, though it may not be the only important source of cultural competence (McEwing, 2020). The usefulness of cultural competence training is well documented in the literature and corroborated by participants in our study (McEwing, 2020). Eight out of 10 participants in our study did not identify as a member of the LGB community and discussed how cultural competence training can explain important concepts related to sexuality, including "identity as being how we think about ourselves. Orientation, who we're attracted to…And people without this sort of education very much sort of see all this as very black and white." Participants highlighted that cultural competence training often helps provide an overview of important terminology related to sexuality and gender identity, using inclusive language and concepts of minority stress. Understanding these terms helps therapists avoid seeing sexuality as "binary" or "black and white" and allows therapists to have greater and more flexible understanding of sexuality. Despite aspects of cultural competence being useful, participants also highlighted that they did not "remember coming away from [training] having gained that much knowledge. I think it would be useful for people who have, like, very little understanding." Not "coming away having gained that much knowledge" is unsurprising considering the dearth of information required to be disseminated in cultural competence training. While cultural competence training may be a useful source of information for therapists, it may comprise only one aspect of what improves a therapist's level of cultural competence.

Participants reported that another source of cultural understanding was developed from having LGB friends, LGB family members or LGB clients. Participants highlighted that exposure to LGB people can influence the development of positive attitudes of, and increased knowledge about, LGB people. One participant highlighted how her attitudes and knowledge about LGB people came from her own experience: "most of [my] 20s I was living with gay/lesbian people. I don't feel like I treat them any different than someone who has very complex backgrounds and context." Exposure to LGB people may serve to familiarise clinicians with LGB people, whereby clinicians are more likely to develop a greater understanding of LGB lived experiences and "context." Participants indicated that exposure to LGB friends, family or clients increased their desire to understand the experiences of LGB people and influenced their desire to source LGB-specific knowledge to be better allies to LGB people. Exposure to LGB people may provide an additional layer of cultural understanding not present after cultural competence training.

While professional development opportunities and exposure to LGB populations increased participants' general cultural understanding of LGB people, cultural competence modules during initial professional training provided the greatest focus on the practical components of providing culturally affirming care in a clinical setting. One participant commented that, during their initial professional training, lecturers had clear scope to focus on "training about LGBTQIA+ communities and working with them in a clinical capacity." An advantage of cultural competence training during initial professional training, compared with professional development or exposure to LGB populations, was the practical application of the material to clinical practice. Some participants felt, though, that there was insufficient time dedicated to this practical training due to the competing demands of other clinical topics.

All three sources of cultural competence are presented as they all appear to add different elements of usefulness in a counsellor's or psychologist's development of cultural competence. Professional development opportunities provide a strong basis to understand LGB terminology and minority stress theory, which increases understanding of the adverse experiences which may impact LGB people. Working with LGB clients may impact counsellors' and psychotherapists' attitudes and knowledge through exposure. Cultural competence modules during initial psychotherapy or counselling training may assist therapists in applying their knowledge in a clinically affirming manner. Cultural competence, then, may reflect an interplay between several sources of knowledge, each of which may add a deeper layer to a therapist's ability to be culturally competent.

3.2 | The use of cultural competence practices

3.2.1 | Theme 2—Applying cultural competence improves the therapeutic process

Participants indicated that utilising culturally competent practices does increase the effectiveness of service provision to LGB people. Participants highlighted that being culturally affirming affords LGB people acceptance and inclusion in the therapeutic space, providing a safeguard from distal stressors such as prejudice, heteronormativity and rejection. Several subthemes highlight how the aspects of cultural competence (attitudes, knowledge and skills) create a safe therapeutic experience. These subthemes explore how cultural competence works to create a more affirming therapeutic experience for LGB people.

Subtheme 1—Inclusivity comes from having affirming attitudes

Participants discussed the importance of demonstrating open-mindedness, understanding and affirming attitudes to indicate that a service was a safe space for LGB people. One participant discussed that, in holding affirming attitudes, "my assumption is that we're better and happier if we're inclusive and trying to be compassionate," meaning participants should seek to be culturally "inclusive" and "compassionate" to LGB clients. Participants highlighted that a therapist's private attitudes towards any client from a minority cultural group will often have an unconscious impact on the therapeutic process. Therapists should consider whether their attitudes towards LGB people impact their ability to work with them in an affirming manner throughout the therapeutic process. Participants discussed that being "inclusive" and "compassionate" came from active and continued reflection on their attitudes and demonstrating inclusive intentions when working with LGB clients.

Subtheme 2—Knowledge underpins cultural understanding

Participants self-reported a good understanding of the impact of minority stress on LGB people, despite 80% of participants identifying as straight, and were able to use this appropriately during therapy. Participants reported several concepts that were important for therapists to understand to be able to demonstrate cultural awareness. These concepts include the following: knowledge about the difference between sexuality and gender identity, the impact of family or peer rejection of sexuality, invalidations of sexual orientation and same-sex relationships, polyamory and the impact of internalised homophobia. Therapists who have a cultural understanding can demonstrate a greater aptitude to be accepting of LGB people. One participant commented that, "what people want from their therapist is to be understood. The therapist [should] actively seek and build that understanding as part of the therapy." Participants agreed that it was important to ensure LGB clients were "understood" in a therapeutic setting, which afforded acceptance and respect towards LGB experiences. Participants highlighted it was through having knowledge about LGB experiences that therapists were able to use inclusive language when engaging with LGB clients.

Participants discussed that instances occurred where therapists were required to apply LGB knowledge to assist a client whose sexuality was directly related to their presentation at a service. Internalised homophobia or navigating same-sex relationships were two commonly occurring reasons why sexuality may be related to an LGB client's presentation at a service. Participants highlighted the negative impact of shame related to internalised homophobia on self-acceptance of sexuality. Rejection by family, friends or communities may impact LGB people's self-acceptance of their sexuality. Understanding the impact of internalised homophobia can help therapists assist clients in developing a positive view of sexuality. Another clinically relevant stressor was the difference in relationship structures for clients in same-sex relationships. Participants discussed that when LGB people begin same-sex romantic relationships, their mental model may reflect the relationship model they learned from their parents, which are often heterosexual relationships where adherence to gender roles may be present. When approaching same-sex relationships, LGB clients may need assistance in developing their mental models of a same-sex relationship where the roles in the relationship are defined by the couple, as opposed to adhering to gender roles. Participants agreed that, in instances where sexuality was related to the presenting issue, having an awareness of LGB cultural experiences can assist therapists in providing culturally appropriate support.

Subtheme 3—Cultural competence in practice creates inclusivity

Participants suggested that therapists who demonstrate culturally affirming practices indicate to LGB clients that a service is a safe space. Many participants sought to actively demonstrate a position of affirmation towards LGB clients, such as having visual cues of affirmation or asking about a client's partners in initial assessment interviews. As one participant stated, "I'll always state my pronouns… [to] make it clear that I'm an accepting person," and explained that when therapists "make it clear" they are affirming of LGB people, it serves to create an inclusive space for LGB people. Participants discussed that having a position of acceptance was important as some LGB clients demonstrated apprehension when mentioning anything related to their sexuality due to a fear of rejection from their therapist. This can be explained from a minority stress perspective, as environments where sexuality may be judged negatively can create a sense of hypervigilance to rejection for some LGB people (Meyer & Frost, 2013). Participants highlighted that demonstrating the affirmation of LGB people can illustrate that a therapeutic setting is a safe space for LGB people.

3.2.2 | Theme 3—Ensuring LGB visual cues are affirming, not pathologising

Some participants expressed concerns that using visual cues of affirmation towards LGB people in their practice may inadvertently signal the pathologisation of a client's sexuality. One participant expressed concerns that, in using affirming visual cues, "we run the

risk of making [sexuality] an issue for people for who it's not an issue." The participant did not want to "run the risk" of indicating their practice may pathologise LGB people because his LGB clients presented for reasons primarily unrelated to their sexuality. The participant suggested that if sexuality was clinically relevant during sessions, clients would feel supported "just basically by virtue of who I am," stating that his inclusive intention would be apparent to clients. In this way, the participant highlights that inclusive intentions and utilising culturally affirming practice during therapy are enough to ensure LGB clients feel a service is a safe space.

In contrast, other participants felt that visual cues of affirmation prior to the commencement of therapy would increase client trust that a service was inclusive of LGB people. To demonstrate inclusivity, one participant highlighted that, "there are subtle signs that you can put out early on. That you're not making assumptions about sexuality." This participant suggested that therapists who put out "subtle signs" early in the treatment process can subvert any fear of heteronormativity by demonstrating that a provider is "not making assumptions" about a presenting LGB client. Participants identified several ways affirming visual cues could be used to demonstrate inclusivity, including having an inclusivity statement on a service website, having affirming cues in the waiting room, including gay/bisexual/transgender flags, using rainbow lanyards, having rainbow flags in the therapeutic office, having open-ended gender and sexuality questions on the intake form and receiving certification from human services initiatives, such as receiving the "rainbow tick" (Carman et al., 2020).

These two contradictory accounts by participants regarding the use of visual cues of affirmation provide important insights into how therapists may approach working with LGB people to ensure they do not pathologise LGB clients. Participants who did not use visual cues of affirmation discussed the importance of understanding what cultural meant to the individual, instead of indicating that a cultural background may be linked to psychotherapy. Participants stated they were taking a therapeutic stance of neutrality, where they sought to understand how the idiosyncratic features of a person's life impacted their primary presentation at a service, instead of making assumptions that cultural background and psychopathology would be linked. By contrast, other participants highlighted the importance of using visual cues of affirmation to overcome the perception that LGB clients might experience instances of minority stress when using counselling or psychotherapy services. These participants highlighted that many LGB clients appreciate the confidence that a service was LGB-affirming, as psychotherapy has historically pathologised sexuality (Drescher, 2015). Integrating these two participant perspectives indicates that using visual cues of affirmation can help overcome perceptions of minority stress, provided they clearly indicate affirmation, not pathologisation, of sexuality.

4 | DISCUSSION

The current study sought to understand what sources of information have influenced a counsellor's or psychologist's development of cultural competence and how they use LGB cultural competence in their clinical practice with LGB clients. Theme 1 highlighted the importance of multiple sources of cultural competence and how cultural competence training, lived experience and initial psychotherapy training could triangulate to assist therapists in improving their cultural competence. Theme 2 reflects how applying cultural competence improves the therapeutic process by ensuring participants have affirming attitudes, knowledge and practical skills to work effectively with LGB people. The final theme considers the importance of ensuring LGB visual cues are affirming, not pathologising, to ensure therapists create an inclusive space for LGB people. All three themes are examined in the context of current literature, and recommendations are provided for counsellors and psychologists seeking to improve their practice with LGB people.

4.1 | The importance of multiple sources of cultural competence: Recommendations

Limited studies, to our knowledge, have indicated the need for therapists to obtain cultural competence from multiple sources. Several studies have corroborated that cultural competence training, exposure to LGB people and initial cultural training during counselling or psychotherapy training can improve cultural competence (Graham et al., 2012; Ridley et al., 2017; Rutter et al., 2008). Based on our finding that a triangulated approach can assist therapists in developing cultural competence, we encourage therapists to access various sources to develop their cultural competence. To access professional development opportunities, therapists can utilise online professional development modules, access professional development training through LGB-specific organisations and attend online or in-person LGB symposiums. Therapists can learn through lived experience by accessing appropriate lived experience stories. Appropriate lived experience stories may include engaging with mentors or educators from the LGB community in LGB-specific organisations and through accessing platforms such as YouTube where such content is freely accessible. Therapists should be mindful to resist exploitative power dynamics in which they are benefited by learning from people with lived experience, while those individuals with lived experience are not. Finally, when completing modules in initial counselling or psychotherapy training, we encourage lecturers or trainers to ensure there is adequate focus on the practical aspects of demonstrating cultural competence in a clinical setting. Topics of focus for practical training may include the following: appropriately using visual cues of affirmation, creating inclusive intake forms, using pronouns correctly, challenging heteronormative assumptions, educating on minority stress and using inclusive language during service provision. Therapists can also engage in role-plays to put their cultural competence knowledge into practice, which may help consolidate skilful practice.

The results of this study provide insight into the development and importance of cultural competence to a sample of counsellors and psychologists typical of most therapists. With eight out of 10

participants having identified as heterosexual, understanding the sources of cultural competence that have influenced their cultural understanding provides an important insight into possible interventions aimed at increasing this cultural competence. Given the array of cultural competence sources informing cultural competence development of therapists identifying as heterosexual, interventions should encourage institutions training therapists to provide cultural competence modules, and in doing so, educate therapists on the importance of having multiple sources to increase their cultural competence.

4.2 | How applying cultural competence improves the therapeutic process: Recommendations

Participants indicated that a therapist's attitudes towards LGB people can influence whether a mental health service appears as a safe space for LGB people. Instances of heterosexism and professional bias present in therapists, particularly in rural and remote areas, have been demonstrated to impact the continued use of mental health services by LGB people (Bishop et al., 2021a; Willging et al., 2006). Discontinuation of service use by LGB clients may be the result of minority stress being reinforced in a clinical setting (Meyer, 2003; Willging et al., 2006). We suggest that therapists should be aware that even when sexuality is unrelated to the presenting issue, demonstrating open-mindedness, understanding and affirming attitudes is still an ethical consideration when ensuring that a client's cultural identity is respected. Using reflective practices, such as the publicly accessible Gay Affirming Practice Scale, can help therapists reflect on their attitudes towards working with LGB clients and prevent them reinforcing heteronormativity (Crisp, 2006). Therapists concerned about not demonstrating inclusive attitudes may also wish to seek feedback from peers and supervisors or access LGB-affirming organisations such as ACON in Australia.

Participants discussed the importance of therapists having adequate knowledge about LGB people. While several studies have highlighted the importance of being knowledgeable about LGB issues, our study highlights some consistent experiences which may be relevant in a clinical setting, such as knowledge about the difference between sexuality and gender identity, the impact of family or peer rejection of sexuality, invalidations of sexual orientation and same-sex relationships, polyamory and the impact of internalised homophobia. To assist therapists in understanding the impact of these stressors, we suggest that understanding minority stress theory can help in determining whether the presenting problem is related to the impact of minority stress or whether being LGB is not central to the presenting issue, though it may be a cultural consideration in providing affirming treatment (Boroughs et al., 2015). Therapists seeking to understand minority stress can access the original minority stress paper for free, which is available through most search engines, including Google Scholar (Meyer, 2003). To assist therapists in increasing their knowledge about LGB populations, we suggest therapists use peers, mentors, supervision or experts in LGB-affirming organisations who can advise practitioners in developing culturally relevant knowledge.

Previous research has corroborated the view of our participants that using affirming practices, such as creating a safe space and avoiding assumptions about clients, is important in demonstrating that a service provides a safe space for LGB people (Magee & Spangaro, 2017; Mosher et al., 2017). Using inclusive practices has been shown to reduce the chance of counsellors or psychologists causing a rupture in the therapeutic relationship (Mosher et al., 2017). Participants suggested several options they have utilised to demonstrate the affirmation of LGB people. One example is having an inclusivity statement on a service website indicating the acceptance of diversity. A further example includes using visual cues of affirmation such as affirming flags and materials in the waiting room. Finally, inclusive language on intake forms and during therapeutic interactions can signal the affirmation of LGB people. Importantly, these recommendations are easily implemented and indicate to LGB clients that they will not experience distal stressors when accessing a mental health service (Meyer, 2003).

4.3 | Ensuring LGB visual cues are affirming, not pathologising: Recommendations

Some participants suggested that utilising visual cues of affirmation might make sexuality appear more of an issue than it is for most clients, while others suggested visual cues of affirmation signal a safe space for clients. This finding contributes an interesting addition to the field of LGB cultural competence in psychotherapy, as the research overwhelmingly highlights the benefit of using visual cues of affirmation to highlight that a service is a safe space (Croghan et al., 2015; Hinrichs & Donaldson, 2017; McNamara & Wilson, 2020). Indeed, for clients who present at services for reasons unrelated to their sexuality, research from the perspective of LGB clients suggests cues of affirmation increase client confidence that a service will be supportive (McCann & Sharek, 2014). For this reason, we encourage therapists to utilise visual cues of affirmation as a means to create a safe space for LGB clients.

4.4 | Limitations

Several limitations should be acknowledged in considering the findings of the present study. First, our study is comprised of counsellors and psychologists who indicated they held positive attitudes towards LGB clients in their service. These counsellors and psychologists may therefore reflect therapists motivated to demonstrate cultural competence. Future research could seek to access counsellors and psychologists who are not affirming of LGB people and seek to determine what barriers exist for these therapists in demonstrating culturally competent care. Second, participants were recruited from metropolitan areas; previous research has demonstrated that therapists in rural and remote areas are less likely to have cultural

competence and access to appropriate cultural competence training or support (Willging et al., 2006). Future research could seek to understand whether therapists in rural and remote areas have access to the cultural competence training and lived experience stories found in this study. Third, despite some initial engagement from religious psychotherapy services, we were unable to interview openly religious therapists. LGB people are less likely to utilise overtly religious organisations due to fears of discrimination or prejudice, though limited research exists on whether religious organisations are demonstrating cultural competence practices when working with LGB clients (Schuck & Liddle, 2001). Lastly, due to the intersection between sexuality and gender diversity, rich data were obtained regarding what constitutes culturally affirming care for transgender and gender-diverse people. It was outside the scope of this article to analyse these data, though future research may seek to determine what constitutes affirming care for transgender and gender-diverse people.

5 | CONCLUSION

Due to the potential impacts of minority stress on LGB individuals, it is important that therapists can provide a culturally affirming service to LGB clients. Ten counsellors and psychologists were interviewed to determine the sources of information that have influenced a counsellor's or psychologist's development of cultural competence and the use of LGB cultural competence practices to counsellors and psychologists in their clinical practice with LGB clients. Professional development opportunities, exposure to LGB clients and initial professional training modules were found to provide useful knowledge regarding cultural competence. Counsellors and psychologists highlighted that using cultural competence practices during therapy improved the therapeutic process when working with LGB clients. Counsellors and psychologists were divided as to whether visual cues of affirmation were pathologising or demonstrated inclusivity; counsellors and psychologists agreed that ensuring their practice was not pathologising of LGB clients was important. While many LGB clients present at services for reasons unrelated to their sexuality, cultural competence can ensure therapists can demonstrate inclusivity and affirming practices to ensure LGB people and their experiences are respected.

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