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Developing an asynchronous LGBTQ+ affirmative counseling training: A mixed-methods study

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Abstract
Master's level counseling students completed a 5-week online asynchronous LGBTQ+ affirmative counseling training. Using a mixed-methods and quasi-experimental design, results indicated that participants' LGBTQ+ knowledge, clinical skills, and advocacy increased post-training. Content analysis revealed four themes of how students experienced the training. Implications, limitations, and future directions are discussed.

KEYWORDS
affirmative counseling, counselor training, LGBTQ+

INTRODUCTION

As the number of LGBTQ+ individuals increase in the United States with each modern generation (Jones, 2023), counselors will encounter LGBTQ+ clients in their clinical practice. When clients perceive that counselors hold LGBTQ+ affirmative attitudes, this contributes to a stronger therapeutic alliance and increased well-being for LGBTQ+ clients (McCullough et al., 2017; Salpietro et al., 2019). Conversely, anti-LGBTQ+ microaggressions harm the working alliance and decrease treatment efficacy, contributing to psychological harm and invalidation for LGBTQ+ clients (McCullough et al., 2017; Spengler et al., 2016). Hence, it is essential for counselors to develop proficiency in LGBTQ+ affirmative counseling (LGBTQ+ AC) that attends to the impact of marginalization (minority) stress, eliminates structural barriers, and encourages the exploration, expression, and resiliency of LGBTQ+ ways of being (Hope et al., 2022; Pachankis et al., 2023; Pope et al., in press) for LGBTQ+ clients.

CURRENT STATE OF LGBTQ+ AC TRAINING IN COUNSELOR EDUCATION

A growing body of research demonstrates that training counselors in LGBTQ+ AC contributes to improved affirmative attitudes (Bidell, 2017), reductions in anti-LGBTQ+ bias (Pepping et al., 2018), and increased knowledge and skills in counseling LGBTQ+ individuals (Alessi et al., 2016; Byrd & Hays, 2013; Kenny et al., 2019; Luke & Goodrich, 2017). The American Counseling Association and its divisional organizations endorse multicultural responsiveness, nondiscrimination, and advocacy for LGBTQ+ populations (ACA, 2014, n.d.), and the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE) provided competencies for counseling LGBTQ+ populations (Burnes et al., 2010; Harper et al., 2013); however, these do not serve as standardized and empirically supported guidelines for *how to* infuse LGBTQ+ issues in counselor preparation (Luke & Goodrich, 2017; Moe et al., 2021). In the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) 2024 standards (CACREP, 2024), "gender/gender identity" and "affective/relational/sexual orientation" are referenced in the Glossary definitions of *cultural identity*, *diversity*, and *marginalized populations*, omitting explicit integration of LGBTQ+-related content in the foundational counseling curriculum and specialized practice area standards. LGBTQ+-based content is primarily covered within multicultural counseling courses (Luke et al., 2022; Salpietro et al., 2019).

Integration of LGBTQ+ content into courses other than multicultural counseling, supervision, and supplementary curriculum materials is largely left to the discretion of individual educators. Factors that influence counselor educators' coverage of LGBTQ+ content include holding a LGBTQ+ identity, their number of LGBTQ+-focused training experiences, incidents that raised their awareness about LGBTQ+ issues, and personal teaching philosophy (Luke et al., 2022; Moe et al., 2021, 2022). Beyond a curriculum level, there is evidence that counseling programs are not creating affirming environments for LGBTQ+ communities, as LGBTQ+ counselor trainees and counselor educators report marginalization and microaggressions that invalidate LGBTQ+ lived experiences within their programs (Bryan, 2018; Gess & Doughty Horn, 2018; Thacker & Barrio Minton, 2021).

LGBTQ+ AC TRAINING DESIGN

Given the lack of standardization in how to train counselors in LGBTQ+ AC in our professional accreditation standards, there is much variability in the amount and quality of LGBTQ+ AC training provided across the counseling curriculum (Moe et al., 2021; Salpietro et al., 2019). Guidelines regarding what content to cover, specifics about how and when to provide such training, what information to cover, learning outcomes, how educator qualities influence training outcomes, and delivery mechanisms for effective training remain ill-defined (Bettergarcia et al., 2021; Luke et al., 2022; Moe et al., 2022).

Cultural competency versus cultural humility frameworks

Most studies examining LGBTQ+ AC training have used a cultural competency framework in the training design (Bettergarcia et al., 2021), grounding trainings in the foundational areas (i.e., awareness, knowledge, clinical skills, and advocacy) of the multicultural and social justice counseling competencies (MSJCCs; Ratts et al., 2015). Recognizing the dynamic, pluralistic, and ever-evolving nature of culture and identity, recent models of multicultural training emphasize cultural humility over competence to develop practitioners' capabilities in working with diverse populations (Botelho & Lima, 2020; Lekas et al., 2020). Cultural humility accentuates a way of being grounded in learning

from and caring for one's clients, whereas competency-based training assumes that counselors can attain a sufficient level of proficiency in multicultural counseling. Cultural humility models promote critical introspection, prompt curiosity (i.e., orientation toward lifelong learning), emphasize intersectionality and advocacy for social justice, and accentuate the lived experiences of diverse populations (Botelho & Lima, 2020; Freeman-Coppadge & Langroudi, 2021; Lekas et al., 2020). An integral aspect of LGBTQ+ AC is the relational component, which involves sharing power with LGBTQ+ clients, supporting clients' self-empowerment, repairing cultural ruptures, and active collaboration with clients as they navigate oppressive systems (Hope et al., 2022; Pachankis et al., 2023; Pope et al., in press). Building from the MSJCCs, infusing cultural humility into training centers this necessary relational aspect of LGBTQ+ AC that may be missing in competency-focused training (Bettergarcia et al., 2021).

Synchronous versus asynchronous training

Previous studies in LGBTQ+ AC training have utilized in-person (Alessi et al., 2016; Byrd & Hays, 2013; Pepping et al., 2018; Rivers & Swank, 2017) or synchronous online delivery (Lelutiu-Weinberger et al., 2023; Pachankis et al., 2022). Although synchronous training options are clearly valuable and typically include experiential role-play components (Bettergarcia et al., 2021) difficult to emulate in asynchronous training, asynchronous training may be more accessible to counselors-in-training (CITs) and practitioners, which could expand the reach of LGBTQ+ AC training across the mental health profession. Further, post-master's professional development workshops and conferences can be costly and may be a barrier for prelicensed and licensed counselors in seeking out additional LGBTQ+ AC training after graduate school (Vasic et al., 2024). Hence, graduating counselors as well as licensed professionals may not be effectively prepared to work with LGBTQ+ clients, which could lead to unintentional harm to an already vulnerable population. There is a need to develop LGBTQ+ AC training that is empirically supported, grounded in cultural humility, affordable to deliver, and easily accessible to CITs and practicing counselors.

THE PRESENT STUDY

This study is part of an action research agenda intended to create an empirically supported entry-level LGBTQ+ AC training for new counselors. We developed an online asynchronous entry-level LGBTQ+ AC training delivered to master's students enrolled in a counseling program at a Southeastern US university over the course of 5 weeks. We conducted a pre/posttest evaluation of the LGBTQ+ AC training to evaluate the impact of the training on CIT's perceived LGBTQ+ counseling competency, defined as LGBTQ+ affirmative attitudes, knowledge, clinical skills, and advocacy. We used a convergent parallel mixed-methods design, simultaneously collecting quantitative and qualitative data on the posttest, as we also wanted to explore how CITs experienced an asynchronous training in LGBTQ+ AC. We chose a mixed-methods design to enhance contextualization of the results and inform future iterations of the LGBTQ+ AC training. We grounded both the intervention and our research design in the framework of cultural humility, recognizing our understanding of LGBTQ+ communities is complex, multifaceted, and dynamic; hence, counseling and training approaches to support LGBTQ+ populations require critical introspection, ongoing learning, and an orientation toward social justice and intersectionality (Botelho & Lima, 2020; Freeman-Coppadge & Langroudi, 2021; Lekas et al., 2020). Two research questions were examined: (1) Does LGBTQ+ AC training improve CITs' perceived LGBTQ+ counseling competency? (2) What were CITs' experiences of the online asynchronous LGBTQ+ AC training? Our hypothesis for Research Question 1 was the LGBTQ+ AC training would enhance students' perceived LGBTQ+ counseling competency, consistent with findings from previous studies (Alessi et al., 2016; Byrd & Hays, 2013; Lelutiu-Weinberger

et al., 2023; Pachankis et al., 2022; Pepping et al., 2018; Rivers & Swank, 2017). As Question 2 was explored through content analysis, we do not have a corresponding hypothesis.

Description of intervention

The first five authors constructed and delivered the LGBTQ+ AC training. The theoretical framework for training development was cultural humility. The training consisted of five modules on the topics of language and sociocultural context, intersectionality and culture, affirmative counseling practice adaptations, evidence-based practices, and counseling gender expansive individuals. Each module consisted of (a) a required 20- to 25-min informational review video; (b) a self-reflection exercise designed to enhance cultural humility and apply knowledge from the informational videos; (c) a highlighted reading; and (d) a list of additional resources, including podcasts, videos, organizations, and websites pertaining to that topic. See Supporting Information Appendix A for a thorough review of the module topics, reflection exercises, and highlighted readings. CITs completed the LGBTQ+ AC training either as a course requirement or extra credit in their multicultural counseling or internship courses, so the reflection exercises included identifying information reviewed by the CITs' instructors to inform class discussions.

METHOD

Participants

Participants were master's level CITs enrolled in a counselor education program in the Southeastern United States. The counseling program has a small cohort model on-campus program and a larger enrolled online counseling program. First-year master's students completed the LGBTQ+ AC training as part of their multicultural counseling course, and second-year (on-campus) or third-year (online) master's students completed the training during internship. Given the variations in course delivery and semester length, on-campus students were required to complete the LGBTQ+ AC training as a course assignment, while online students elected to take the training for extra credit. Participation in the research portion of the training was optional for all students. Of the 102 students who completed the LGBTQ+ AC training, 45 completed the pre/posttest measures, resulting in a 44% response rate. Forty-one participants (91%) completed the open-response items on the posttest for the qualitative analysis.

The mean age of participants was 31.77 years ($SD = 10.7$) with a range of 21–61 years. For race and ethnicity, participants identified as Hispanic or Latine ($n = 3$, 6.6%), Black or African American ($n = 8$, 17.8%), Asian, Asian American, or Pacific Islander ($n = 6$, 13.3%), White or European American ($n = 23$, 51.1%), and Multiple Heritage ($n = 3$, 6.6%). For gender identity, two participants identified as nonbinary (4.4%), 38 as cisgender women (84.4%), and five as cisgender men (11.1%). For sexual–affectional identity, seven identified as bisexual (15.5%), one as lesbian (2.2%), two as gay (4.4%), three as pansexual (6.6%), 30 as heterosexual (66.7%), and two as another sexual–affectional identity (4.4%). In terms of religious/spiritual affiliation, 15 identified as atheist or agnostic (33.3%), eight identified with another religion/spirituality (17.8%), 20 were affiliated with Christianity (44.4%), and two declined to answer (4.4%). Thirty participants were first-year master's students (66.7%), nine were second-years (20%), and six were in their third year or beyond (13.3%). In terms of program concentration, 20 were clinical mental health (44.4%), four were couple and family (8.9%), eight were military and veterans (17.8%), six were addictions (13.3%), and seven were school counseling (15.5%). Twenty-two participants were enrolled in the online delivery format (48.9%), and 23 were enrolled on-campus (51.1%).

Positionality of research team

The research team includes individuals of diverse races (three Black, one multiracial/heritage background, and four White), sexual/affectional orientations (lesbian, gay, queer, asexual, heteroflexible, and heterosexual), and diverse spiritualities (spiritual, Christian, Buddhist, Christian Buddhist, and unidentified). The research team includes a nonbinary/gender expansive/genderqueer individual, a gender fluid TransMasc individual, and three individuals with neurodiversity. The team is lacking diversity primarily in the areas of gender and gender identity (predominantly cisgender women), ability (predominantly able-bodied), and socioeconomic status (predominantly middle class). Further, the research team is composed of five licensed professional counselors holding licenses in Florida, Virginia, Ohio, and Texas, along with three prelicensure counselors. Four members of the team are counselor education doctoral students and four are counselor educators, all working at or attending universities within the SACES region. Six of the eight researchers specialize in counseling LGBTQ+ communities, both in their clinical work and research. Five team members have taught master's level classes related to LGBTQ+ topics and/or developed LGBTQ+ AC training for counselors. The researchers expected our various intersectional identities would foster the integration of various perspectives into the training modules, exposing participants to a wider range of LGBTQ+ ways of being. Although we anticipated the training to promote the tenets of cultural humility among participants due to its design, we also acknowledged we could not encapsulate the breadth and scope of diversity that exists within LGBTQ+ communities in a 5-h training period.

Procedures

Participants completed a 5-week online asynchronous LGBTQ+ AC training and participated in an IRB-approved research study. Participants took the pretest measure before starting the training and completed the posttest measure after the fifth training module, approximately 5–6 weeks after the pretest. Completing the pre- and posttests was optional, and collected data were de-identified to protect participants' identities.

Instrumentation

Demographic form

The demographic form included questions regarding participants' age, race/ethnicity, gender identity, sexual–affectional identity, religious/spiritual affiliation, year in the master's program, counseling program concentration, and delivery format enrollment.

LGBT-Development of Clinical Skills Scale

The LGBT-Development of Clinical Skills Scale (LGBT-DOCSS) is an 18-item instrument designed to measure mental health professionals' prejudicial attitudes, knowledge, and clinical skills in counseling LGBT clients (Bidell, 2017). The LGBT-DOCSS is one of the few measures assessing affirming counseling practice that is inclusive of transgender individuals. The LGBT-DOCSS uses a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). In an exploratory and confirmatory factor analysis, Bidell (2017) found support for the three-factor structure of LGBT Attitudes (seven items, reverse scored; $\alpha = 0.80$), LGBT Knowledge (four items; $\alpha = 0.83$), and LGBT Clinical Preparedness (seven items; $\alpha = 0.88$). The LGBT-DOCSS also demonstrated discriminant validity with a measure of

social desirability, and it showed convergent validity with measures of anti-transgender prejudice and LGB counseling self-efficacy. Reliability analysis demonstrated alphas of 0.84 for attitudinal awareness, 0.82 for knowledge, and 0.89 for clinical preparedness for the pretest, and 0.92, 0.73, and 0.76, respectively, for the posttest.

Modified Advocacy subscale of the LGB Affirmative Counseling Self-Efficacy Inventory

The LGB Affirmative Counseling Self-Efficacy Inventory (LGB-CSI; Dillon & Worthington, 2003) assesses mental health professionals' abilities and behaviors in performing LGB affirming counseling. The full LGB-CSI has five subscales and measures constructs similar to those on the LGBT-DOCSS, such as knowledge and self-awareness. For this study, we used a modified version of the seven-item Advocacy subscale to assess participants' growth in LGB advocacy and action, consistent with the fourth developmental domain of the MSJCCs (Ratts et al., 2015). We modified the Advocacy subscale's language to be inclusive of transgender and gender diverse individuals and replicated two items from the LGBT-DOCCS regarding legal, social, and institutional knowledge, which may significantly differ between LGB and gender expansive communities: "Refer intersex and gender expansive clients to affirmative legal and social supports" and "Provide a client with city, state, federal, and institutional ordinances and laws concerning civil rights of intersex and gender expansive individuals." The modified Advocacy subscale included nine items and used a Likert scale from 1 (*not at all confident*) to 6 (*highly confident*). The Advocacy subscale's original internal consistency estimate was 0.90, and the Cronbach's alphas for the modified subscale in this study were 0.94 on the pretest and 0.95 on the posttest.

Posttest open-response questions

The posttest included nine open-response questions to assess participants' experiences with the LGBTQ+ AC training. Examples of open-response questions were "What was the most powerful for you during the course of this training?"; "How could the material be developed or implemented in a more culturally responsive way? What was missing?"; "What are you still struggling with? What is rolling around in your head or weighing heavy in your heart?"; "What do you want to learn more about in the future?"; and "How will you seek out information and resources?" We also asked participants how much time they spent reviewing and what they learned from the additional training materials, such as the highlighted readings and resources.

Data analysis

To address Research Question 1, we conducted a repeated-measures multivariate analysis of variance (RM-MANOVA) where time served as the independent variable, and scores on the knowledge, clinical skills, and attitudes subscales of the LGBT-DOCSS served as the multivariate dependent variable. Scales on the action and advocacy subscale of the LGBT Self-Efficacy scale were also used as a fourth component of the multivariate dependent variable. We also calculated a series of Pearson correlation coefficients between continuous variables to assess for data assumptions associated with the RM-MANOVA (see Table 1). The program IBM SPSS 28 was used to conduct the correlational and significance testing analyses. Review of assumptions for RM-MANOVA identified no multivariate outliers and no issues with linearity, sphericity, or normality that required data transformations. For statistical power, we used the G*Power calculator (Faul et al., 2009) to assess a priori power for an RM-MANOVA with two groups (time 1 and time 2) across four dependent variables given an alpha

TABLE 1 Intercorrelations of continuous variables ($N = 45$).

	CP1	Know1	Att1	Advo1	CP2	Know2	Att2	Advo2
CP1	–	0.2	0.34*	0.37*	0.58**	0.14	0.05	0.38*
Know1		–	0.34*	0.24	0.15	0.65**	0.32*	−0.06
Att1			–	0.37*	0.04	0.42**	0.64**	−0.01
Advo1				–	0.38*	0.54*	0.25	0.61**
CP2					–	0.22	0.16	0.46**
Know2						–	0.46**	0.26
Att2							–	0.04
Advo2								–

Abbreviations: Advo1, advocacy pretest; Advo2, advocacy posttest; Att1, attitudes pretest; Att2, attitudes posttest; CP1, clinical practice pretest; CP2, clinical practice posttest; Know1, knowledge pretest; Know2, knowledge posttest.
*$p \leq 0.05$; **$p \leq 0.01$.

level of 0.01 and an effect size of at least 0.30. With these input parameters, a minimum sample size to reach 80% power of 42 was identified.

We conducted a deductive, qualitative content analysis on participants' replies to the open-response items on the posttest to answer Research Question 2. A content analysis is a flexible, systematic process used to develop meaning from a set of data (Schreier, 2014). We followed the protocol for a qualitative content analysis (Schreier, 2014): identify the research question; gather data to analyze; develop a codebook; conduct initial coding of the data; evaluate the codebook; conduct the main analysis; and interpret and present the findings. First, the lead author aggregated the open responses into an Excel spreadsheet. Next, she deductively determined codes in a concept-driven manner, sorting the open responses into three initial themes of interest to improve the LGBTQ+ AC training: (a) *Benefits of Participating*, (b) *Barriers to Participating*, and (c) *Ideas for Continued Learning*. During further review of the data, the second theme was altered to *Factors Affecting Learning*, and the third theme was split into two areas, *Topics for Continued Learning* and *Strategies for Continued Development*, to better fit the data. The lead author then segmented the data into individual units (i.e., sentences or phrases) based on thematic criterion in the aforementioned codes. During this phase, the lead author segmented the responses so each captured one main idea, resulting in a pool of 258 segments drawn from 41 participants that were used for the main content analysis. Proceeding into the main analysis phase, all data were coded into the main four themes, and the coding frame was evaluated and adjusted, developing more specific codes (i.e., subthemes) to best represent the data. During the main analysis, the second and third authors checked the segmented data to ensure each segment contained only one concept, reviewed the codebook and provided input to alter the code names and coded data, and continued the analysis until consensus was reached on the final themes and subthemes.

RESULTS

Impact of LGBTQ+ AC training on perceived LGBTQ+ counseling competency

The multivariate effect size was partial $\eta^2 = 0.66$, suggesting a large effect for training on LGBT-DOCSS and advocacy scale scores. To assess for individual effects of training on clinical practice, attitudes, knowledge, and advocacy, a series of post hoc RM-MANOVA tests were conducted separately for each variable. Pre- and posttest scores were significantly different for the LGBT-DOCSS clinical practice subscale [Wilk's $\lambda = 0.46$, $F(1, 44) = 51.8$, $p \leq 0.001$], LGBT-DOCSS knowledge subscale [Wilk's $\lambda = 0.70$, $F(1, 44) = 18.5$, $p \leq 0.001$], and the modified LGB-CSI advocacy subscale

TABLE 2   Results of content analysis.

Benefits of Participating in LGBTQ+ AC Training	Factors Affecting Learning
Engaging in critical self-reflection ($N = 33$)	Depth of material ($N = 9$)
• Exploring my power and privilege ($N = 13$)	Safety (i.e., lack of safety to fully engage with training) ($N = 8$)
Enhancing understanding of LGBTQ+ lived experiences ($N = 24$)	Structural (i.e., issues with technology and accessibility) ($N = 7$)
• Enhancing understanding of gender diverse persons' lived experiences ($N = 13$)	Cisnormative/heteronormative views posttraining ($N = 2$)
Using terms appropriately and recognizing the importance of language ($N = 19$)	No struggles/unsure ($N = 7$)
Identifying practical strategies for clinical practice ($N = 17$)	
Increasing knowledge through information and resources ($N = 13$)	
Little to no benefit ($N = 2$)	
Topics for Continued Learning	**Strategies for Continued Development**
Intersectionality ($N = 22$)	Engaging in listening and dialogue ($N = 22$)
Societal factors and legislations ($N = 13$)	• First person stories from LGBTQ+ people ($N = 11$)
Advocacy strategies ($N = 10$)	Conducting research and finding resources ($N = 22$)
Language and terminology ($N = 9$)	Attending professional development trainings ($N = 8$)
Counseling theories and interventions ($N = 8$)	
Other ($N = 3$)	

Note: N refers to the number of segments (i.e., sentences or phrases) in the open-response questions that fit within the identified theme.

[Wilk's $\lambda = 0.40$, $F(1, 44) = 65.5$, $p \leq 0.001$]. The pre- and posttest scores for the LGBT-DOCSS attitudes subscale were not significantly different [Wilk's $\lambda = 0.96$, $F(1, 44) = 1.14$, $p \leq 0.001$]; however, pretest attitude scores were already in the high range ($M = 46.53$; $SD = 5.86$). The effect size was 0.54 for the difference in clinical practice scores, 0.30 for the knowledge scores, and 0.60 for the advocacy score; all effect sizes are considered in the large range. Post hoc power analysis with the calculated multivariate effect size of partial $\eta^2 = 0.66$ indicates acceptable power was achieved.

CITs' experiences of the LGBTQ+ AC training

Four main themes emerged from the content analysis: (a) *Benefits of Participating*, (b) *Factors Affecting Learning*, (c) *Topics for Continued Learning*, and (d) *Strategies for Continued Development*. In each of the main themes, the data were further broken down into subthemes to provide a more contextual and nuanced understanding of the data segments. See Table 2 for a summary of themes and subthemes. In terms of the *Benefits of Participating*, the top two subthemes were *engaging in critical self-reflection* and *enhancing my understanding of LGBTQ+ lived experiences*. Per the critical self-reflection, participants stated, "Even though I considered myself a part of this community, I was humbled at the amount of information I did not know that I learned through this program," and "I think the reflection of my own values and recognition of privilege in my own identity was the most powerful." In terms of understanding LGBTQ+ lived experiences, participants provided statements such as "…just how upsetting and minimizing it can be to be misgendered. Even when it's an accident, it can be a blight that stings," and "the diversity within the [LGBTQ+] community is vast, and counselors

really need to immerse themselves to understand." Within this second subtheme, multiple participants noted the videos on gender expansive individuals in the final module were particularly impactful.

Under the *Factors Affecting Learning* theme, students identified multiple factors that impacted their experience in the training, including *depth of material* ("Going more in-depth on specific challenges faced by more identities within the community"), *safety* ("…it did not feel safe to reflect on these questions knowing my name was attached to the responses"), and *structural* ("… the online format of the modules was a bit stilted and not user-friendly"). Per the *safety* subtheme, the research portion of the training was de-identified, but as completion of the modules and reflection assignments were utilized for class credit, students' names were attached to reflection assignments within the training. Also of note, two students expressed heteronormative/cisnormative views, such as "I still strongly believe that medical transition is not the right path for most GE clients…."

Under the *Topics for Continued Learning* theme, the predominant subtheme was *intersectionality*, a desire to learn more about the intersectional experiences of LGBTQ+ communities, including the intersectionality of race, language, culture, spirituality, disability, and age. As one participant stated,

> I want to learn more about different cultures' view and practice of sexuality and gender pre-colonialism. I know that in many cultures, [LGBTQ+] individuals were celebrated and sometimes even regarded as holy or wise before colonialism tried to sweep these traditions away.

Other participants noted, "I want to learn more about the implications for Black trans individuals based on desirability politics…," "How to support aging LGBTQ+ community members and unique considerations of aging with mental health," "Disabilities and how they intersect with LGBTQ+ identifying individuals," and "As a translator/interpreter, I have always felt there is no clear translation for terminology in another language. I worked a lot with Spanish speaking families that do not understand, but also do not have the vocabulary to use."

The predominant subthemes in the final theme of *Strategies for Continued Development* were *engaging in listening and dialogue* and *conducting research and finding resources*. In terms of engaging in listening and dialogue, participants referenced consulting with professors, seeking supervision, and collaborating with other mental health professionals. Participants also highlighted the value of first-person stories from LGBTQ+ people, noting "I would like to continue…exposing myself to more stories and conversations with people within this community in order to figure out how I can best help serve," and "I want to continue learning about specific experiences from LGBTQ+ individuals so that my counseling reflects a space that is culturally sensitive and responsive." In the second subtheme of conducting research and finding resources, participants indicated they would seek out local and national LGBTQ+ organizations, journal articles, videos, podcasts, and books, and stay up-to-date on news, policy, and legislation for continued development in LGBTQ+ AC.

DISCUSSION

The aim of the present research study was to examine the impact of an introductory online LGBTQ+ AC training on the LGBTQ+ counseling competency of master's level counseling students. Our findings are consistent with those of other studies in which synchronous LGBTQ+ AC training positively impacts counselors' LGBTQ+ counseling competency (Alessi et al., 2016; Byrd & Hays, 2013; Lelutiu-Weinberger et al., 2023; Pachankis et al., 2022; Pepping et al., 2018; Rivers & Swank, 2017). One of the limitations of previous studies on LGBTQ+ AC training is a lack of exploration of which training components worked to create a change in participants' LGBTQ+ cultural competency (Bettergarcia et al., 2021). Our qualitative results provide insight into the portions of the training that participants found most valuable, as well as identified areas for improvement. Participants identified more benefits to the training than limitations, including the benefits of engaging in

critical self-reflection, enhancing understanding of LGBTQ+ lived experiences, and recognizing terminology and the importance of language. Participants also noted gaining practical strategies for their clinical practice and increased knowledge through training participation. Our results demonstrate that impactful LGBTQ+ AC training also can be delivered effectively through an online, asynchronous method.

Consistent with our hypothesis, participants perceived increased knowledge, clinical skills, and advocacy skills relating to working with LGBTQ+ clients and communities posttraining. Although participants' scores on the advocacy subscale were significantly improved from pretest to posttest, the participants did not reference improved advocacy skills in the Benefits theme of the content analysis. One reason for this discrepancy may be that participants felt they gained awareness of current legislation and affirming resources in the training, in line with the advocacy subscale items that focused predominantly on basic advocacy skills such as providing LGBTQ+ clients with accurate legislative information and referring to affirmative community resources. In the *Topics for Continued Learning* theme, participants indicated a desire to learn more about systemic advocacy skills (e.g., "…promot[ing] a school environment where all students are respectful of LGBTQ+ identities," and "… how to educate and teach others openness and acceptance of those with LGBTQ+ identities"). These more advanced advocacy skills were not measured in our quantitative instrumentation.

As participants' affirmative attitudes pretest scores were already in the high range, there was not a significant difference in participants' perceived attitudes posttraining. The items on the attitudes subscale mainly assess homophobic and transphobic beliefs, which is limited in capturing the nuanced perspectives individuals may hold about LGBTQ+ communities. Our qualitative results provide insight into the subtleties of participants' perceptions toward LGBTQ+ communities and affirming counseling. For example, participants primarily desired more information about intersectional experiences of LGBTQ+ communities at the conclusion of the training, although we included a module specific to intersectionality and explicitly addressed intersectionality in two other modules. One way to interpret this finding is we did not include enough about intersectionality in the training to adequately capture the breadth of intersectional experiences. Alternatively, highlighting intersectionality in the training may have piqued participants' curiosity about providing culturally responsive counseling to individuals of multiple marginalized backgrounds. Participants also noted the depth of material as a limitation of the training. These qualitative results, coupled with the high pretest attitudes scores, suggest participants entered the training as already accepting of LGBTQ+ ways of being and thus desired a more complex, multifaceted exploration of LGBTQ+ communities.

Finally, participants reported critical self-reflection opportunities and first-person accounts of LGBTQ+ lived experiences to be the most beneficial aspects of the training. Participants noted the most impactful reflection exercise was reviewing a video of a nonbinary person who was misgendered during a customer service phone call and reflecting on how they would assist a client with a similar experience in counseling. First-person accounts from LGBTQ+ individuals follow what we know about ally development, in that encounters and relationships with LGBTQ+ people contribute to higher levels of ally behavior (Knepp, 2020). Participant statements noting the value of critical self-reflection were consistent with cultural humility (Botelho & Lima, 2020; Lekas et al., 2020), reflecting a process orientation to learning, acknowledging what one does not know, and a willingness to learn from LGBTQ+ individuals. Participants, however, also cited the safety to engage in critical self-reflection as a limitation of the training, which suggests there are disadvantages of using identifiable reflection exercises, particularly when power differentials exist between the facilitators and participants.

Limitations

We acknowledge several limitations of the present study. First, this study was a pre/posttest design without a control condition, which limits the potential for causal conclusions. Second, given the

smaller sample size, we did not analyze additional variables that may have impacted outcomes, such as LGBTQ+ self-identity and previous training in LGBTQ+ AC. As with any study using self-report measures, we draw upon participants' subjective perception of their LGBTQ+ counseling competency, which may not translate into objective improvements in clinical skills with LGBTQ+ clients. Though our overall research design used action research and mixed methods consistent with the tenets of cultural humility, our quantitative instrumentation was focused on LGBTQ+ counseling competency as we mirrored instrumentation used in previous studies (e.g., Alessi et al., 2016; Byrd & Hays, 2013; Luke & Goodrich, 2017). Hence, another limitation is we did not include a measure of how the training impacted participants' cultural humility in this study. Further, we did not include a measure of social desirability, which is recommended in future research to control for social desirability bias, particularly on the measure of affirmative attitudes (Bettergarcia et al., 2021). Finally, the participant sample was drawn from master's students in the counseling program in which three of the authors are employed; hence, results were impacted by the context of CITs' larger programmatic experience as reflected in the safety subtheme.

Implications

The results of our study are promising toward designing low-cost and accessible introductory trainings in LGBTQ+ AC using an asynchronous online format. An asynchronous training format can be delivered with fewer resources (e.g., facilitator time, coordination of training events), allows for easier replication of the training, and grants participants the opportunity to engage with the material at a time that best fits their schedules. Moving toward research-based asynchronous training modules in LGBTQ+ AC is one way to address the current variability and inconsistency of instruction for CITs (Luke et al., 2022; Moe et al., 2021). Beyond increasing the accessibility of LGBTQ+ AC education, designing training from a process-oriented, culturally humble approach may enhance counselors' abilities to deliver person-centered and affirmative care to LGBTQ+ clients. Stressing intersectionality and first-person lived experiences of LGBTQ+ communities emphasizes how counselors can learn from clients about their experiences (Freeman-Coppadge & Langroudi, 2021; Gess & Doughty Horn, 2018; Lekas et al, 2020). Further, including critical self-reflection activities may help participants examine their privileges, biases, and limits of their knowledge (Moe et al., 2022). Strategies to accentuate intersectionality include centering experiences from queer people of color through reviewing the history of LGBTQ+ communities in the United States (e.g., Harlem drag balls, introduction of the term two-spirit within Native American communities in the 1990s) and integrating videos that highlight first-person lived experiences from individuals with multiple marginalized backgrounds (e.g., someone with a physical disability may have difficulty attending crowded Pride events).

Moreover, social justice advocacy is integral to affirmative counseling approaches (Hope et al., 2022; Pachankis et al., 2023). A culturally humble approach emphasizes how counselors utilize advocacy in a manner that fosters self-empowerment for LGBTQ+ clients, aiding the development of their advocacy skills at personal, interpersonal, and sociopolitical levels based on clients' advocacy readiness (Astramovich & Scott, 2020; Freeman-Coppadge & Langroudi, 2021). We suggest facilitators intentionally integrate systemic-focused advocacy skill development into LGBTQ+ AC training, drawing upon existing models that accentuate cultural humility and intersectionality, such as the Intersectional Advocacy Counseling Framework (Astramovich & Scott, 2020). Facilitators can also create opportunities for counselors to prepare for sociopolitical advocacy with LGBTQ+ communities, such as reviewing workplace policies to create more LGBTQ+ affirming guidelines or developing a speech that could be delivered at a legislative session or school board meeting in their locality.

A finding of note from the content analysis is 18% ($N = 8$) of participants indicated safety was a factor affecting their learning, primarily due to factors related to the program environment. As CITs and faculty of marginalized backgrounds continue to report adverse experiences in counselor education programs (Bryan, 2018; Gess & Doughty Horn, 2018; Thacker & Barrio Minton, 2021), counselor

educators need to consider how cultural humility, social justice, and LGBTQ+ AC are promoted across the curriculum and not just to "check a box," as one participant stated. Further, CITs may feel safer if the faculty are behaviorally demonstrating commitment to cultural humility and social justice through their own actions (Gess & Doughty Horn, 2018; Vasic et al., 2024). Additionally, safety may be more difficult to create in an asynchronous learning environment that lacks interactions to establish a supportive relationship between the facilitators and CITs. Creating a means of anonymous completion of reflection exercises or offering opportunities for synchronous interactions between the facilitators and CITs to process reactions (Dzubinski, 2014) may improve psychological safety for participants.

Future directions

In terms of future directions for research, previous studies of LGBTQ+ AC training have not been repeated in various populations, nor have study outcomes been used to modify training to enhance their potential efficacy. More action research designs are necessary to begin to better understand what components of training are the most beneficial and to develop empirically supported training in LGBTQ+ AC. Additionally, training needs may vary by counseling specialty, such as school counseling versus clinical mental health counseling, as supporting LGBTQ+ students in K-12 schools comes with nuances (e.g., policies preventing the use of pronouns) that are not present in community agencies or private practice. Moreover, we propose updating how we measure CITs' capability to provide affirmative counseling to LGBTQ+ clients to be more reflective of cultural humility and advocacy. Critical self-reflection and experiential exercises are commonly used in LGBTQ+ AC training (Bettergarcia et al., 2021) and, per our results, were valuable to participants' learning. When assessing the effectiveness of LGBTQ+ AC training, we suggest researchers use measures of LGBTQ+ advocacy skills, cultural humility, and social desirability. From comparing our qualitative results to our quantitative findings, we also identified a need to develop a multifaceted measure of affirmative attitudes and a measure of systemic and sociopolitical LGBTQ+ advocacy skills. Finally, researchers studying the effectiveness of LGBTQ+ AC training need to move beyond the use of self-report measures to direct skill measurement and clinical practice outcomes with LGBTQ+ clients. Assessing training outcomes from clients' points of view centers LGBTQ+ people as the experts on their own lives toward reconstructing LGBTQ+ AC approaches and trainings through a framework of cultural humility.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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