

Abstract

Title of thesis:

**THERAPIST CULTURAL HUMILITY, BLACK
LGB IDENTITY CENTRALITY, AND
THERAPEUTIC OUTCOMES IN BLACK LGB
ADULTS**

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Black lesbian, gay, and bisexual (LGB) adults experience discrimination at individual and institutional levels (Page et al., 2020) in part due to simultaneous experiences of anti-Black racism and heterosexism. Despite this, Black LGB adults continue to underutilize therapeutic services and also report high rates of premature termination from therapy (Garrett-Walker & Longmire-Avital, 2018). The current study advances the literature by investigating the association between therapist cultural humility, Black LGB centrality, and therapeutic outcomes among Black LGB adults. A sample of Black LGB adults ($N = 157$) participated in an online survey to respond to measures on demographic information, therapist cultural humility, centrality with their race x sexual orientation (Black LGB centrality), and therapeutic outcomes. Results showed that therapist cultural humility was a significant predictor of therapist satisfaction but not future utilization of counseling services while controlling for age and socioeconomic status among Black LGB adults. The analyses found that Black LGB centrality was not a significant

moderator in the association between therapist cultural humility and therapist satisfaction, and only significant in the relation between future utilization of counseling services for participants who reported high levels of Black LGB centrality. Recommendations for future clinical practice and research efforts are provided.

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THERAPEUTIC OUTCOMES IN BLACK LGB ADULTS

by

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Tables of Contents

Tables of Contents	ii
Chapter 1: Introduction	1
Theoretical Framework	4
Black LGB Adults	6
Therapist Cultural Humility	7
Black LGB Centrality	9
Therapist Satisfaction	10
Future Utilization	12
Present Study	13
Chapter 2: Method	14
Participants	14
Procedure	15
Measures	16
Data Analytic Plan	20
Chapter 3: Results	22
Correlational Analyses	22
Regression Analysis	22
Binary Logistic Analysis.	23
Chapter 4: Discussion	24
Therapist Satisfaction	25
Future Utilization	28
Limitations and Future Research	30
Implications and Conclusion	33
Tables and Figure	36
References	42

Therapist Cultural Humility, Black LGB Identity Centrality, and Therapeutic Outcomes in Black LGB Adults

Black LGB adults must navigate racial and sexual minoritized identities, which result in concurrent experiences of anti-Black racism, heterosexism, and homophobia in their daily lives (Page et al., 2020). Over the past decade, researchers have documented significant psychological and behavioral health disparities for Black LGB individuals including disproportionate rates of depression (Balsam et. al., 2011) anxiety, suicidal ideation (Lefevor et al., 2018; Meyer, 2003) and STD/STI risk in comparison to both Black heterosexual people and white sexual minorities (Amola & Grimmer, 2015). Despite these statistics, Black LGB individuals continue to be a significantly understudied population in investigations around mental health treatment, the factors that contribute to their prolonged engagement, and satisfaction with services.

Between 2020 and 2021, 47% of LGB individuals overall reported receiving psychological or emotional counseling from a professional in the past year, while only 39% of Black LGB individuals in this sample reported having done so (Human Rights Campaign, 2021). Moreover, when compared to their white counterparts, Black individuals have been found to delay engagement in mental health treatment or terminate treatment prematurely (Joiner et al., 2022). The low utilization rate of mental health services among Black people have been attributed to a number of systemic and institutional barriers that impact access. For example, scholars have illuminated the stark disparities that Black Americans encounter in education, employment, and health insurance when compared to non-Black people of color and whites (Li, 2021). It is also well-documented that LGB individuals encounter multiple layers of stigma and discrimination which result in adverse mental and physical health outcomes in comparison to their heterosexual counterparts (Hatzenbuehler, 2009; Meyer, 2003; 2015). Thus, it is plausible

that some Black LGB adults may not engage with the mental health system as a result of simultaneous forms of oppression and systemic barriers.

There is little research that is centered on Black LGB adults' experiences within therapeutic encounters (Jackson et al., 2022). Much of the existing scholarly work to date has centered on the barriers and negative experiences of Black Americans and LGB people singularly in mental health. For both groups, experiences of discrimination (both overt and covert), and a lack of cultural humility have been found to contribute to early termination (Sue et al., 2008; Israel et al., 2008; Taylor & Kuo, 2019). Given the previous research that finds that understanding and addressing Black LGB individuals' intersecting identities can be helpful in diagnosing and treating their mental health needs (Page, Cerezo, & Ross, 2020), further research is needed to explore the experiences of Black LGB adults who do access mental health services. Additionally, it is important to investigate the competencies of therapists in navigating the complexities of intersecting identities and the potential moderating factors that can contribute to Black LGB clients' satisfaction with services and their future utilization.

Understanding the competencies of therapists in navigating intersecting identities is closely tied to the broader concept of multicultural competence within the field of psychology (Grzanka et al., 2019; Suzuki et al., 2019). The origins of the Multicultural Competence (MCC) framework can be traced back to the groundbreaking work of Sue (1998), who sought to illuminate the need for therapists to effectively engage with clients from diverse cultural backgrounds. Sue's framework established three essential principles of MCC: self-awareness, knowledge, and skills. Self-awareness entails therapists engaging in a critical analysis of their own cultural biases, values, and beliefs to understand how these aspects might impact their client interactions. Knowledge involves therapists actively seeking accurate and relevant information

about diverse cultural groups that their clients encompass, including their backgrounds, traditions, values, and sociopolitical issues. Finally, the cultivation of skills is important for therapists, enabling them to apply their self-awareness and knowledge effectively in real-world scenarios. By employing culturally competent techniques, strategies, and interventions, therapists can navigate the unique cultural differences and address the individual needs of diverse clients with sensitivity and expertise (Sue, 1998).

Another central tenet of MCC framework is its recognition of power dynamics and the importance of collaboration between therapists and clients from diverse cultural backgrounds. Within this framework, therapists are encouraged to remain cognizant of and acknowledge their own biases, privileges, and positions of authority in the therapeutic space (Sue, 1998; Chu et al., 2022). This sense of awareness fosters a more equitable therapeutic relationship and helps to co-create a safe environment for clients to dive deeper into their concerns. By actively empowering clients and challenging the oppressive dynamics that can manifest in therapeutic practice, therapists can promote clients' sense of agency, self-determination, and overall well-being (Singh et al., 2020; Chu et al., 2022).

While the MCC framework has played a pivotal role in promoting cultural competence within therapy, it is not without its limitations. For example, some scholars have highlighted that the framework runs the risk of oversimplifying cultural diversity by reducing it to a simplistic set of cultural traits or characteristics (Oh et al., 2023; Dixon et al., 2022). This approach can unintentionally perpetuate stereotypes, reinforce assumptions and biases, promoting essentialist views of different marginalized clients (Zhang et al., 2022). In doing so, the framework fails to fully acknowledge the contextual complexities and unique intersectional factors within diverse cultures. Furthermore, the framework's emphasis on acquiring knowledge assumes that therapists

can attain comprehensive understanding of all existing diverse cultures and apply this knowledge universally (Chu et al., 2022). However, it is important to note that cultures evolve, change, and intersect in a multitude of ways. Thus, the MCC framework may be limited in its ability to adequately account for the contextual and situational factors that shape individuals' experiences and identities.

Theoretical Framework

One theoretical framework that helps us better understand competency of these important factors in the therapeutic encounters of Black LGB adults is cultural humility (Hook et al., 2013), which is recognized as a refinement of the multicultural competency framework (MCC; Sue, 1998). Where the multicultural competency framework hypothesizes that gaining knowledge of different cultures is critical for therapeutic practice with clients of color; some scholars have asserted that simply instructing therapists to become familiar with the cultural norms of their clients is insufficient, as it is impractical to expect them to possess comprehensive knowledge of all existing cultures (Tervalon et al., 1998). Cultural humility is an alternative approach to addressing cultural differences that recognizes the limitations of an individual's knowledge and experiences regarding other cultures. This approach includes both intrapersonal and interpersonal dimensions. Intrapersonally, cultural humility involves therapists being willing to acknowledge that their own cultural experiences and identities may limit their understanding of their clients' cultural experiences. The interpersonal dimension of cultural humility entails therapists adopting an "other-oriented" stance, characterized by openness, respect, and an authentic interest in the unique experiences and intersections of identities in a client's life. (Hook, 2013). The cultural humility framework would suggest that while working with Black LGB adults, therapists should approach therapy as a collaborative process, one in which they are willing to learn from their

clients and work in partnership with them to achieve their therapeutic goals. To work effectively from a culturally humble standpoint, placing their Black LGB adult clients in the expert role and reducing the power dynamic in the therapeutic relationship is central towards meeting the client's goals for therapy (DeBlaere et al., 2022).

Intersectionality Theory

While the cultural humility framework (Hook et al., 2013) is useful for understanding the link between humility and psychotherapy outcomes, it is important to note that perceptions of humility does not affect all members of a minoritized community (e.g. the Black community) in the same way. Various factors, such as identity centrality, and intersectionality may alter one's perceptions of therapists and the therapy process overall (Nioplias et al., 2018). The intersectionality perspective (Crenshaw, 1991), which has gained significant traction in counseling psychology (e.g., Lewis et al., 2017; Shin et al., 2017) and health disparities research (e.g., Cerezo et al., 2021; Jackson et al., 2020) offers a lens that can help us understand how therapist cultural humility may affect the therapy experiences of those with marginalized social identities. Kimberlé Crenshaw (1991) introduced and conceptualized a three-part analytic framework for intersectionality— structural, political, and representational—to highlight how complex systems of power shape the lives of Black women within the context of anti-discrimination law. Briefly, structural intersectionality emphasizes multiple forms of structural oppression (e.g., racism, classism, and sexism) situating and shaping the lives of Black women. In recent years, there has been a growth in academic literature engaging intersectionality in empirical research studies (Grzanka, 2020; French et al., 2020). The intersectionality framework recognizes that multiple interlocking identities (e.g., race/ethnicity, gender, ability) influence access to power and privilege (Crenshaw, 1991) and, subsequently, shape the meaning of one's

identities and experiences (Shields, 2008). In the context of psychological research, intersectionality theory has been applied in research with several segments of the Black community including Black college students (Sellers et al., 1997), Black women (Lewis et al., 2017), and Black men (Rogers et al., 2015). Among Black LGB individuals, most of this scholarship has focused on experiences of discrimination, sexual health disparities, and experiences of social marginalization (Page, Cerezo & Ross, 2021; Garrett-Walker & Longmire-Avital, 2018). Specifically, to our knowledge, there has been no literature exploring the complexity of therapy experiences of Black sexual minorities, including Black LGB adults, who experience the intersectionality of racism and heterosexism.

Black LGB Adults

Although the literature on Black mental health has been expanding, little is known about Black LGB adults' experience in therapy. The few studies that exist have primarily focused on experiences of LGB youth of color (Lefevor et al., 2010) or cluster together Black LGB individuals with that of other LGBTQ racial/ethnic minorities (Mosley et al., 2017). Black LGB individuals frequently experience racism and discrimination, which researchers have been able to link to stress and increased likelihood of issues concerning mental and physical health (Ghabrial, 2017). Among Black LGB populations, racism and heterosexism has been found to be significantly related to greater levels of anxiety and depression (Page et al., 2020), suicidal ideation and overall psychological distress (Garrett-Walker & Longmire-Avital, 2018), which makes both these systems relevant to call attention to in therapeutic practice. Therefore, exploring how therapists can incorporate cultural humility into their sessions to account for the complex and unique experiences of Black LGB adults is essential. By doing so, therapists can

tailor their interventions to be more culturally relevant and effective, which could potentially lead to better psychotherapy outcomes for their Black LGB adult clients.

Cultural Humility in Therapy

Cultural humility offers an alternative approach to therapists' work with diverse clients. As posited by Tervalon and Murray-Garcia (1998), cultural humility is a process of 'committing to an ongoing relationship with patients, communities, and colleagues' that requires 'humility as individuals continually engage in self-reflection and self-critique' (p. 118). Cultural humility is representative of the complex and subjective nature of culture. It challenges therapists to actively engage in a lifelong process with clients, organizational structures, and themselves (Tervalon & Murray-Garcia, 1998). The ability to work with culturally diverse clients is a growing concern, as the current mental health system is not adequately meeting the needs of our multicultural populations. Disparities in mental health status and access to quality mental health services for marginalized groups remains extensive, pervasive, and persistent (Dwanyen et al., 2022; Ilgan et al., 2022; Wilson et al., 2020). Despite the collective aim of training programs to enhance multicultural competencies of therapists (Heppner et al., 2008), the gap in utilization and positive outcomes persist (Hays, 2020). The disparity in effectiveness and quality of therapy to individuals with marginalized identities has highlighted the need for improving the current multicultural training of psychotherapists.

Cultural humility is a key concept in providing therapeutic services to Black clients, LGB clients, and Black LGB clients. As therapists, it is important to recognize the multidimensionality of these groups and approach therapy from a place of humility, curiosity, and respect (Hook, 2013). For therapists, what this means is acknowledging and addressing any implicit biases or assumptions that they may hold about these marginalized groups and being open to learning from

their clients' experiences (Helms et al., 1994). By embracing a culturally humble approach, therapists can also work towards building a collaborative therapeutic relationship with their clients, in which they co-create treatment plans that align with their clients' values and goals (Hook, 2013). This approach can help to reduce power imbalances and increase the client's sense of agency and autonomy in their own mental health care (DeBlaere et al., 2013; Morales et al., 2019).

When working with Black clients, it is particularly important for therapists to understand the impact of systemic racism and intergenerational trauma on Black mental health (Bryant-Davis, 2007; Lee et al., 2023; Kelly et al., 2020). Therapists should strive to create a safe space where clients feel comfortable discussing the effects of anti-Black racism on their lives and even how it may impact the therapeutic relationship (Triplett et al., 2023; Mosley et al., 2021). Additionally, it is important to recognize the diversity within the Black community and not make assumptions about their presenting concerns, behaviors, or values systems based on stereotypes or generalizations (Taylor et al., 2019; Coleman-Kirumba et al., 2023). Therapists working from a culturally humble standpoint may even consider incorporating tenets of spirituality/religiosity, (Avent Harris, 2021) Black history and Black culture (Jones et al., 2020; Watson-Singleton et al., 2019) and meaningfully discuss gender norm ideologies, cultural values, and family (Taylor et al., 2019; Johnson et al., 2020) in session to help clients feel more engaged and seen.

LGB clients may face unique challenges related to their sexual orientation, such as discrimination, rejection from family and friends (Lefevor et al., 2021; Arora et al., 2022; Abreu et al., 2022), and internalized shame or guilt (Pratt-Chapman et al., 2022). Therapists should be aware of these challenges and work to create an inclusive and affirming therapeutic environment. This includes using appropriate and up-to-date language and terminology, being knowledgeable

about client's specific identities and experiences, and supporting the client in externalizing rather than internalizing the detrimental effects of heterosexism in modern society (Bishop et al., 2022; Fish et al., 2022). From a stance of cultural humility, this may also involve therapists learning from their LGB clients about their narratives grappling with the systemic effects of heteronormativity (Shin et al., 2021; Shin et al., 2023), addressing issues related to coming out process and chosen families (Bishop et al., 2022), and addressing issues related to intersectional identities (Garrett-Walker et al., 2018; Page et al., 2022).

For Black LGB clients, the intersection of their race and sexual orientation may create compounding challenges. They may experience discrimination and marginalization from both the Black and LGB community (Bowleg et al., 2008), which can lead to feelings of isolation and invisibility. Therapists working with Black LGB clients from a culturally humble framework should be mindful of these dynamics and work to create a safe space where the client feels seen and heard as their whole selves. This may involve exploring the client's experiences with racism and heterosexism and how they intersect and intertwine with one another (Crenshaw, 1991). By gaining this knowledge, culturally humble therapists may gain an awareness of the ways in which they may be committing microaggressions in therapy (Hook et al., 2016) and also learn to validate the impact of heterosexism and racial trauma on psychological distress.

Black LGB Identity Centrality

Identity centrality describes the extent to which a dimension of one's identity, such as being Black and/or LGB, is central to one's self-definition (Rosenberg, 1979). Given their dual position as sexual and racial/ethnic minority individuals, Black LGB clients contend with intersectional forms of discrimination; such as gendered racism and misogynoir (Lewis et al., 2017) sexual racism and heterosexist racism (Shin et al., 2020), and other stereotypes,

assumptions, and messages rooted in anti-Black racism and heterosexism (Page et al., 2020).

Whether an individual considers their race and/or sexual orientation status to be a defining aspect of their identity could have important implications for their responses to specific interventions. In times where a Black LGB client may experience some form of discrimination perpetuated within therapy, greater Black LGB centrality may impact their perceived response. For instance, if a Black person experiences a racial microaggression and their racial identity is central to how they see themselves, the discriminatory experience may be more harmful to them compared to someone whose racial identity is not as important. Conversely, if a person who identifies as bisexual experiences a heterosexist microaggression and their bisexual identity is important to them, it is possible that the exposure to discrimination may have less of an impact because the person has built up a reservoir of resiliency to shield them from such attacks.

Meta-analytic studies of identity centrality have revealed some important findings, with scholars suggesting that clients high in identity centrality might report greater satisfaction with therapy when conversations about cultural/social identities are tailored into therapeutic interventions (Nioplias et al., 2018) and when they feel like their therapists are devoted to understanding them from a culturally humble standpoint (Jennings, 2021). In the context of therapeutic encounters, Black LGB adults with high identity centrality may be more likely to think about race and sexual orientation discrimination and thereby may report more satisfaction with therapists who are culturally humble and call attention to these issues in therapy. They may also be more likely to reutilize therapeutic services if their therapist helps them externalize rather than internalize the negative messages about being a Black LGB individual.

Therapist Satisfaction

Client's satisfaction with their therapist is an important indicator of the client's perceptions of the therapy process (Attkisson & Zwick, 1982; Keum et al., 2021). In fact, a positive therapeutic alliance has consistently been shown to be associated with client engagement within the therapy process (Keum et al., 2021). Therefore, recognizing the degree to which clients are satisfied is important for therapists to understand how they may be more responsive to their clients' needs and goals for therapy. To date, most research centered on clients' satisfaction has focused on satisfaction with counseling services rather than satisfaction with individual therapist characteristics. Within the limited literature base on therapist characteristics within the psychotherapy literature, it has been found that therapists who demonstrate warm personality characteristics and behaviors positively influence general client satisfaction (Russell et al., 2022; Heinonen et al., 2020; McAleavey & Castonguay, 2015). This has been demonstrated in recent meta-analyses: warm behaviors enhance the therapeutic alliance, decrease the risk of dropout, and increase positive therapeutic outcomes (e.g., Farber and Doolin, 2011; Roos and Werbart, 2013). Literature on therapist satisfaction among racial and sexual minoritized individuals is generally restricted to the prevalence of issues related to racial and sexual orientation matching of clients and therapists (Smith & Trimble, 2016; Swift et al., 2018). This reveals the limited information about the role of cultural humility on Black LGB mental health and therapist satisfaction. Based on the limited literature base, what is known is that therapists who avoid or do not bring up notable differences in privilege and oppression may unintentionally be perceived as more unresponsive, authoritarian, or untrustworthy to clients from marginalized backgrounds (PettyJohn et al., 2020; Arora et al., 2022). For example, a Black lesbian woman client meeting with a white heterosexual woman therapist may feel apprehensive being open or honest about her experiences or opinions if her therapist does not adequately address the power dynamic in the

therapeutic space; which is a critical component of becoming a culturally humble therapist (Tervalon & García, 1998; Hook et al., 2016). Given the previous research that has shown that some Black LGB clients may come to therapy to discuss experiences of identity-based discrimination (Mosley et al., 2021), it is possible that clients working with therapists who lack cultural humility will report lower therapist satisfaction, which may hinder opportunities for future utilization of counseling (Taylor et al., 2019) and contribute to premature termination (Terrell, 1984; Taylor et al., 2019).

Future Utilization of Services

Recent studies point to a consistent rise in the number of LGB clients of color seeking help for mental health concerns, owed in part to increased awareness of resources and decreased mental health stigma (Ramirez & Paz Galupo, 2019). Yet, despite increasing rates of therapeutic utilization, Black LGB clients have been found to prematurely discontinue treatment (Taylor et al., 2019). A potential reason for these findings is that Black LGB clients are having unsatisfactory experiences in psychotherapy, leaving them disillusioned by the process and perhaps feeling alienated by their therapists.

Black LGB clients face disproportionate barriers in accessing adequate mental health care (Li, 2021; Moore et al., 2020), with some research suggesting that a lack of cultural humility (Moon & Sandage, 2019) and a lack of intersectional approaches in therapy are a significant barrier for LGB clients of color (Morales et al., 2019, Dawes et al., 2022). Among Black LGB clients, a dissatisfying experience may serve to reinforce a client's initial discomfort and negatively impact their intentions to utilize counseling in the future. In addition, Mosley (2015) posited that a critical component to working with Black LGB clients in therapy is educating oneself about the historical influences of anti-Black racism on mental health, and inquiring about

a client's experiences with racial identity, sexual identity, and microaggressions to strengthen the therapeutic process. Furthermore, Wampold (2011) outlined several qualities and actions for therapists to enhance clients' satisfaction with services and excitement for reutilizing therapy in the future. These actions included, (a) "providing an acceptable and flexible etiology of the client's distress, (b) developing a treatment plan that is congruent with the etiology provided to the client, (c) not avoiding difficult content in therapy, and (d) being aware of the client's demographics and context." Taken together, these studies highlight the importance of examining the role of identity-related processes on the relation between therapist cultural humility and therapeutic outcomes for Black LGB adults. This study sought to build upon these findings by investigating Black LGB centrality as a potential moderating factor that shifts the relationship between cultural humility and Black LGB adults' therapist satisfaction and future therapeutic utilization. By gaining a better understanding of the role of Black LGB centrality, this study may clarify how identity-related processes may affect therapeutic outcomes for Black LGB adult clients and accordingly inform future interventions.

Present Study

In the present study, we explored Black LGB identity centrality as a potential moderator in the relationship between therapist cultural humility and therapist satisfaction and future utilization of services among Black LGB adults. The study was informed by intersectionality theory (Crenshaw, 1989) and cultural humility (Hook, 2013) to better understand the counseling experiences of Black LGB adults. Cultural humility was assessed as an independent variable, and therapist satisfaction as well as future utilization of services were assessed as dependent variables. Black LGB centrality was assessed as a potential moderating factor in the relation between these variables. Two main objectives in this study were to: 1) investigate the direct

effects of therapist cultural humility on therapist satisfaction and future utilization among Black LGB adults, 2) examine the degree to which Black LGB centrality moderates the relationship between therapist satisfaction and future utilization among Black LGB adults. The main research hypotheses were as follows:

Hypothesis 1: Higher levels of therapist cultural humility will be associated with greater Black LGB client's therapist satisfaction.

Hypothesis 2: Higher levels of therapist cultural humility will be associated with greater Black LGB client's future utilization of counseling services.

Hypothesis 3: Black LGB centrality will moderate the association between therapist cultural humility and therapist satisfaction, such that those with stronger Black LGB centrality will report greater therapist satisfaction.

Hypothesis 4: Black LGB centrality will moderate the association between therapist cultural humility and future utilization, such that those with stronger Black LGB centrality will report greater future utilization of counseling services.

Method

Participants

The current study was part of a larger study that examined various intrapersonal, interpersonal, and contextual factors associated with Black LGB adults' mental health, physical health, and experiences within therapy. In the larger survey, participants completed ten scales and a demographic questionnaire, and data from those who reached the end of the survey were included for analysis. Given the current study's focus on participants' experiences with counseling services, this study only included participants who responded "yes" to an item that read, "As an adult, have you received counseling services?" This resulted in a final sample of

157 Black LGB adults living in the United States who have attended counseling in the past. Eligible participants must have identified as 1) Black/African American, 2) as lesbian, gay, or bisexual (LGB) and 3) were at least 18 years of age. Participants ranged in age from 18 to 74, with a mean age of 32.85 approximate years ($SD = 34.30$). With regard to gender, all participants self-identified as either women (77.1%) and men (22.9%). A majority of participants (71.3%) identified as bisexual, and the remainder identified as gay (14.6%) and lesbian (14.0%). Many participants held a high school diploma or GED (40.8%) while others held a bachelor's degree (19.1%), associates' degree (15.3%), trade school or technical school certification (7.0%), graduate degree (9.6%), or professional degree (1.9%); the remainder reported that they did not receive a high school diploma (5.1%) or selected other (1.3%). For socioeconomic status, the majority of participants self-identified as either working class (33.8%) middle class (34.4%) or lower class (22.9%), others identified as upper middle class (7.0%) or upper class (1.9%).

Procedures

Participants were recruited through Qualtrics Panels, an online database run by Qualtrics with over two million research participants from across the United States. Qualtrics partners with numerous online sample providers to gather and manage a diverse population of survey participants who sign up from a variety of sources (e.g., social media, airline rewards programs, retail websites) and helps researchers recruit their target groups. The company has collaborated with over 2,500 universities worldwide to complete over 15,000 research projects. Its service has shown to be particularly effective in recruiting hard-to-reach participants (Ashai et al., 2021). Using Qualtrics Panels' database that contains survey participants' demographic information including ethnicity, household size, and household income, only those who met the inclusion criteria set above were considered as potential participants in this

study.

A random sample of participants who met the inclusion criteria received an email invitation to participate in the study via Qualtrics Panels. Participants were provided a link to the Qualtrics survey if they chose to participate. The first page included a consent form with a brief explanation of the purpose of the research and additional information about participation in the study. Once participants consented to participate, participants proceeded to complete the rest of the survey which assesses demographic information, cultural humility, identity centrality, therapist satisfaction, and future utilization of services. Participants were compensated by Qualtrics Panels for completing the entire survey. Our cost per participant was \$10, and each participant was compensated approximately \$2. The compensation is less than the amount typically paid for study participation due to the additional fees associated with setting the eligibility criteria. Responses were collected on Qualtrics, and no personally identifiable information was asked through the survey. Data was de-identified once it was downloaded from Qualtrics.

Measures

For the purpose of the current study, below are measures adopted from the larger study on Black LGB adults' health outcomes and experiences within therapy.

Therapist Cultural Humility. The Cultural Humility Scale (CHS; Hook et al., 2013) was utilized in this study. The CHS is a 12-item client-rated measure of therapist's cultural humility. The measure contains two subscales: positive other- oriented characteristics (e.g., "My therapist is open to seeing things from my perspective") and negative characteristics reflecting superiority and making assumptions (e.g., "My counselor acts superior"). Participants are instructed to "indicate the extent to which you agree or disagree with the following statements

about your counselor” and rate each item on a five-point Likert-type rating scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). The Cronbach’s alphas for the full scales and subscales were .93 (95% CI [.92, .94] for the full scale, .93 (95% CI [.92, .94] for the Positive subscale, and .90 (95% CI [.88, .91] for the Negative subscale. The CHS has demonstrated good internal consistency reliability, with Cronbach’s alpha coefficient for the full scale ranging from .86 to .97 across multiple studies (Hook et al., 2013; Hook, Ferrell, et al., 2016). In addition, the CHS has been found to have strong construct validity. In Hook et al.’s (2013) study, they found that the CHS was significantly correlated with measures of cultural competence and openness to diversity, as well as a measure of general humility. In another study with medical students, the CHS was found to be significantly correlated with measures of cultural competency and empathy (Owen et al., 2016). The CHS has also been found to differentiate between groups with different levels of cultural humility, with higher scores on the CHS being associated with greater experience with diversity, multicultural education, and training (DeBlaere et al., 2016).

Black LGB Centrality. Participants’ centrality related to their identity was assessed using one component of Leach and colleagues’ (2008) multicomponent model of in-group identification. The authors validated this measure in seven studies using different samples of university Dutch and European college students. Results showed that their theoretical first- and second-order factor models fit the data well and the scale was shown to have high internal consistency, concurrent validity, construct validity, and discriminant validity with these populations. Another study conducted by Howard and Magee (2013) found that the theoretical model had an acceptable fit to the data from different segments of in- groups: country, state, universities, and online groups such as the Reddit.com community. Moreover, researchers have posited that the measure based on this model can be used for studying identification with groups

of any type, as illustrated by its satisfactory reliability estimates in samples of marginalized groups (e.g. multiracial individuals $\alpha = .80$; Giamo et al., 2012) as well as multiply marginalized groups such as Black adult women ($\alpha = 0.76$; Szymanski & Lewis, 2015).

The full multicomponent model of in-group identification included five main components including solidarity, satisfaction, centrality, individual self-stereotyping, and in-group homogeneity that are related to measuring in-group identification. Each component reflects a different measure to assess in-group identification. The total scale with all five components included 14 items. For the purposes of this study, only the three-item centrality scale was used. Sample items included, “I often think about the fact that I am [In-group]” and “The fact that I am [In-group] is an important part of my identity.” The development study found satisfactory reliability estimates for the centrality component of the multicomponent model of in-group identification model (Dutch, $\alpha = .70$; European, $\alpha = .71$). Furthermore, the validity of the measure has been demonstrated in a study by Lovakov et al. (2015) where associations between the five components supported the theoretical expectations. The measure demonstrated successful replication of the model across American, Dutch, and Russian samples, suggesting its potential cultural universality for those living in the United States.

The researchers were instructed to fill in the blank with the group of interest. Participants in this study completed the centrality scale three times in response to their self-reported racial identity, sexual orientation, and intersection of race and sexual orientation. Thus, the terms “Black”, “lesbian, gay, or bisexual”, and “Black lesbian, gay, or bisexual” were inserted into the blanks for this study. Items were scored on a seven-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Responses to items were summed with higher scores indicating higher

levels of centrality related to the participant's identity. Reliability estimates in the current study were determined for each of their identities (Black, $\alpha = .74$; LGB, $\alpha = .81$; Black LGB, $\alpha = .90$).

Therapist Satisfaction. The Satisfaction With Therapy and Therapist Scale—Revised (STTS–R) was used to assess clients' self-reported therapist satisfaction (Oei & Green, 2008). For the purpose of this study, the researchers followed the instructions provided by (Oei & Green, 2008) and summed the scores of all odd number items (excluding Item 13) to obtain the client's level of Satisfaction With Therapist (SWT). The higher the score, the greater the level of client's satisfaction with their therapist. Sample items include, "The therapist provided an adequate explanation regarding my therapy," and "The therapist seemed to understand what I was feeling and thinking." The STTS-R has been found to have good internal consistency, with its measure containing a total of twelve items representing clients' satisfaction with therapy ($\alpha = .90$) and client's level of satisfaction with therapist ($\alpha = .89$). It has also been found to have good test-retest reliability over a two-week period, with an intraclass correlation coefficient of .79 (Jongeneelen, 2013). In terms of validity, the STTS-R has been found to be significantly correlated with other measures of client satisfaction, such as the Client Satisfaction Questionnaire (CSQ; Larsen et al., 1979) and the Session Evaluation Questionnaire (SEQ; Stiles et al., 1990) (Subhan et al., 2022). It has also been found to be significantly correlated with therapy outcome, as measured by the Outcome Questionnaire-45 (OQ-45; Lambert et al., 1996), suggesting that higher levels of satisfaction with therapy and therapist are associated with better therapy outcomes.

Future Utilization. Future utilization was measured by asking participants to respond to

the following question, “If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?” Participants answered either “Yes” or “No.”

Data Analytic Plan

Excluding demographic variables, there was no missing data from the final sample of 157 participants who were included in the analysis. Analyses were conducted using SPSS (v.24) and alpha values $p < .05$ were considered statistically significant. Data was evaluated for normality through examining skewness and kurtosis, Cook's D was analyzed to assess that the regression analyses were not unduly influenced by multivariate outliers, and multicollinearity through examining VIF and tolerance. Bivariate correlations were examined to assess the degree of association between study variables. The first research question was tested using a linear hierarchical regression analysis. This regression analysis tested whether therapist cultural humility was associated with therapist satisfaction and the potential moderating effect of Black LGB centrality. Next, the second research question was tested using a binary logistic regression analysis. This regression analysis tested whether therapist cultural humility was associated with future utilization of services and the potential moderating effect of Black LGB Centrality.

For the linear hierarchical moderated regression analysis, first, all of the model assumptions for linear regression analyses were tested: linearity in parameters, normality of the residuals, homogeneity of error variance, and multicollinearity. The assumption of linearity was tested and confirmed by examining scatterplots of the independent and dependent variables that showed approximate linear relationships between the variables. To test for normality of errors, P-P plots were examined and confirmed that the residuals were distributed normally. In addition, a deviation from normality test was found to be insignificant ($p = .178$), indicating linearity in

parameters. The data also met the assumption of normality based on the calculated Shapiro-Wilk p -value of $p > 0.05$ and Kolmogorov-Smirnov p -value of $p < 0.05$, indicating the normality assumption had been met. To test for homogeneity of variance, the studentized residuals against the unstandardized predicted values were plotted between the mean-centered therapist cultural humility independent variable against the mean-centered dependent variable (therapist satisfaction). Levene's test for equality of variance was used to assess whether the homogeneity of variance assumption was met (Levene, 1960). The result of Levene's test was significant, $F(26, 124) = 2.14, p < .005$, indicating that there were no patterns in the data points indicating homoscedasticity. Multicollinearity was explored using the variance inflation factor (VIF) of the independent variable. The calculated VIF was less than the recommended cutoff of 10 and the calculated CI was significantly less than the recommended cutoff of 15 (Lin, 2008) suggesting there was no evidence of multicollinearity. Furthermore, Cook's distance was calculated to confirm that the regression analysis was not unduly influenced by multivariate outliers. Because no case had a Cook's distance greater than 1, which is a general indication for significant outliers, an unduly influence of multivariate outliers was not a concern. Lastly, data met guidelines for skewness and kurtosis where acceptable values were defined as $|\text{skewness}|$ and $|\text{kurtosis}| < 2$ (Kim, 2013).

For the binary logistic moderated regression analysis, the following model assumptions were tested: multicollinearity and Cook's distance. The calculated VIF of the mean-centered independent variable (therapist cultural humility) was significantly less than the recommended cutoff of 10 and the calculated CI was significantly less than the recommended cutoff of 15 for the dependent variable, future utilization of counseling services, (Lin, 2008) suggesting there was no evidence of multicollinearity. In addition, Cook's distance was calculated to confirm that

the binary logistic regression analysis was not unduly influenced by multivariate outliers. Because no case had a Cook's distance greater than 1, which is a general indication for significant outliers, an unduly influence of multivariate outliers was not perceived as a concern.

Results

Correlational Analyses

Correlations of the main study variables are presented in Table 2. Consistent with our first set of hypotheses, therapist cultural humility was significantly and positively correlated with therapist satisfaction ($r = .75, p < .01$). Interestingly, Black LGB centrality was also positively and significantly correlated with therapist satisfaction ($r = .16, p < .05$). Socioeconomic status was not significantly correlated with future utilization of counseling services ($r = -.10, p = 0.51$). Age was not significantly correlated with future utilization of counseling services ($r = 0.30, p = .057$). In addition, the correlation between therapist satisfaction and future utilization of services was nonsignificant ($r = 0.9, p = .29$). Consistent with our second set of hypotheses, therapist cultural humility was significantly and positively correlated with future utilization of counseling services ($r = .16, p < .05$). The correlation between Black LGB centrality and future utilization of services was nonsignificant ($r = 0.94, p = .88$).

Regression Analyses

For our regression analyses, age and socioeconomic status were entered as covariates, as done in past psychotherapy research centered on process and outcome, as well as counseling utilization (Kang et al., 2013; Coleman-Kirumba et al., 2023). We entered age and socioeconomic status as control variables in Step 1, and in Step 2 we entered our mean-centered predictor variable (i.e., therapist cultural humility) and mean-centered moderator variable (i.e., Black LGB centrality). In Step 3 we entered the interaction term between therapist cultural humility and

Black LGB centrality. Therapist satisfaction was input as the dependent variable. At Step 1, age and socioeconomic status did not account for a significant amount of the variance for therapist satisfaction ($R^2 = .005$, $F(2, 152) = 0.36$, $p = .70$). Within this step, neither socioeconomic status ($\beta = -.029$, $p = .61$) nor age ($\beta = .001$, $p = .47$) were significantly associated with therapist satisfaction. Adding the variables at Step 2 increased the amount of variance explained by 53%, a significant increment [$F(2, 150) = 82.93$, $p < .01$]. Therapist cultural humility was positively associated with therapist satisfaction ($\beta = .69$, $p < .01$), whereas Black LGB centrality ($\beta = .014$, $p = .83$) was not associated. Adding the interaction term at Step 3 did not significantly increase the amount of variance ($R^2 = .53$, $F(1, 149) = 2.06$, $p = .15$). Within this step, the interaction term between therapist cultural humility and Black LGB centrality was not significantly associated with therapist satisfaction ($\beta = -.02$, $p = .15$). All of the results of this model are depicted in Table 3.

Binary Logistic Regression

Due to the binary nature of the outcome variable (yes or no responses), we ran a binary logistic regression to examine the degree to which therapist cultural humility as well as Black LGB centrality influenced participants' future utilization of counseling services. Therapist cultural humility and Black LGB centrality were mean-centered to increase interpretability of results (Aiken & West, 1991). The analysis revealed a correlation between therapist cultural humility and future utilization of services ($\beta = .87$, $SE = .45$, $Wald (1) = 3.79$, $p = .52$). Although the p-value suggested a trend towards significance, the results did not reach statistical significance. We also observed that the interaction term between therapist cultural humility and Black LGB centrality was significant ($\beta = 0.20$, $SE = .09$, $Wald (1) = 4.98$, $p < .03$). Full results of this model are shown in Table 4.

We then conducted a simple slopes analysis to further understand this significant interaction, such that we examined the extent to which therapist cultural humility was associated with future utilization of counseling services for participants at -1 SD for Black LGB centrality, a mean level of Black LGB centrality, and + 1 SD for Black LGB centrality. This analysis revealed a nonsignificant association between therapist cultural humility and future utilization of counseling services at the -1 SD and mean levels of Black LGB centrality ($ps > .51$). However, there was a significant interaction effect between therapist cultural humility and future utilization of counseling services at the +1 SD level ($p < .05$ (95 percent CI = [.59, 3.02])). Thus, for Black LGB adults with lower or average levels of Black LGB centrality, therapists' cultural humility was not significantly associated with their future utilization of counseling services; however, for those with greater than average levels of Black LGB centrality, the relationship was positive and significant. This conditional effect of therapist satisfaction on future utilization of counseling services at lower, average, and higher levels of Black LGB centrality is shown in Figure 1.

Discussion

To our knowledge, the current study is the first to elucidate the association between therapist cultural humility and therapeutic outcomes among Black LGB adults, and the first to explore how one's level of centrality with their Black LGB identity may or may not affect this association. Black LGB adults who reported greater therapist cultural humility reported greater levels of therapist satisfaction. In contrast to our initial hypothesis, there were no significant moderating effects of Black LGB centrality on the relation between therapist cultural humility and therapist satisfaction. In addition, although no significant main effects were found for the second set of hypotheses exploring the association between therapist cultural humility and future utilization of counseling services, when breaking down the moderation, it was found that for

those with higher levels of Black LGB centrality, the moderating effects of Black LGB centrality were indeed significant. The findings from this study may be used to inform the development of interventions that promote cultural humility with Black LGB adult clients.

Therapist Satisfaction

The findings of our study contribute to the literature by exploring how therapist cultural humility influences the therapy experiences of a multiply marginalized group, Black LGB adults. As hypothesized, our study revealed that therapist cultural humility was positively associated with therapist satisfaction among Black LGB adults. This finding of the association between therapist cultural humility and client's feelings of satisfaction with their therapists aligns with past research that has examined therapy experiences of the broader Black population. Prior studies have demonstrated that therapists who demonstrated cultural humility had more positive therapeutic relationships with their Black clients, which in turn led to better therapeutic outcomes (Constantine et al., 2019; Hook et al., 2018; Hui et al., 2021). In fact, Black clients who received therapy from culturally humble therapists reported greater reductions in symptoms of depression and anxiety, compared to clients who received therapy from therapists who were not culturally humble (Thompson et al., 2020). These findings also mirror previous work documenting the small body of research on therapy experiences of Black LGB populations. Therapists who employ aspects of cultural humility into their therapeutic practice are better equipped to help clients explore and affirm their sexual and racial identities (Thomas et al., 2020), and help Black LGB clients develop greater resilience and coping strategies in the face of everyday discrimination and challenging internalized heterosexism and racism (Mays et al., 2014). The current findings suggest that therapists who adopt a culturally humble approach are more likely to build positive therapeutic relationships with Black LGB clients and provide care that is

responsive to their unique needs and experiences. In addition, it is possible that a culturally humble therapist might be able to take an intersectional approach that recognizes the complex, intersecting experiences, which result in more effective care for Black LGB clients (Mays et al., 2014). For instance, suppose a Black lesbian client seeks therapy for depression and anxiety related to experiences of discrimination in her workplace. In this scenario, a culturally humble therapist who respects the client's unique experiences and makes an intentional decision to understand the intersectional factors contributing to her mental health concerns may be better equipped to provide effective care. By acknowledging the intersectional stress the client may face as a Black woman and a member of the LGB community, such as misogynoir (Merritt, 2021), sexual racism (Bowleg et al., 2008), gendered racism and microaggressions (Lewis et al., 2017) in the workplace, the therapist can tailor their interventions to be more culturally relevant and responsive. Moreover, recognizing the importance of the client's racial and sexual identity and their impacts on her worldview and values could help the therapist incorporate culturally relevant coping strategies that are adaptive for the client's unique experiences. This may lead to greater satisfaction among Black LGB clients, who may feel more understood, validated, and respected in the therapeutic process (Constantine et al., 2019), however future research is necessary to ensure greater confidence in these findings.

It was hypothesized that Black LGB centrality would moderate the relation between therapist cultural humility and therapist satisfaction; such that the association would be strongest for Black LGB adults who reported greater intersectional identity centrality with their Black and LGB identities. However, in our analyses, Black LGB centrality was not a significant moderator in the relationship between therapist cultural humility and therapist satisfaction. The lack of a moderating effect of Black LGB centrality on the relation between therapist cultural humility and

therapist satisfaction may speak to the mixed findings of identity centrality in prior research. For example, previous research measuring Black racial identity centrality has yielded mixed results with some work finding high levels of Black racial identity centrality to be associated with negative mental health outcomes (Burrow & Ong, 2010; Jones, Lee, Gaskin, & Neblett, 2014) and others finding high levels of Black racial identity centrality to be associated with positive mental health outcomes (Jones, et al., 2021; Berwise & Mena, 2020). Although the current study's scope was centered on clients' perceptions of cultural humility and therapist satisfaction, one possible explanation for the insignificant moderation is that the relationship between Black LGB centrality and therapist satisfaction is complex and depends on other factors. For example, the working alliance, which refers to the collaborative relationship between therapist and client (Kivlighan et al., 2022; Jennings et al., 2021) has been found to be a crucial predictor of therapy outcomes and client satisfaction in other research with clients of color (DeBlaere et al., 2022; Burris et al., 2012). It is possible that the quality of the working alliance may overshadow the effects of Black LGB identity centrality on therapist satisfaction. Additionally, therapist characteristics, such as warmth, empathy, and unconditional positive regard, have also been found to influence therapist satisfaction (Delgadillo et al., 2020). It is possible that these factors may have a more substantial impact on therapist satisfaction than Black LGB identity centrality and should be examined in future research.

Another potential interpretation for the inconclusive finding may be due to the measurement of Black LGB centrality in the current study. Although the measure was asked and analyzed in a way that participants were able to rate their identity centrality with being a Black LGB person, the scale was not originally validated for use with Black LGB populations and has predominantly been used in previous research examining the role of discrimination on health

outcomes among marginalized populations (Szymanski et al., 2016). It is worth noting that previous studies employing this measure have primarily focused on a single axis of marginalized identity (e.g. Lee et al., 2022; Hinton et al., 2022), which may account for the lack of significant findings in our sample of multiply marginalized individuals. It is plausible that our sample of Black LGB adults found it challenging to be critically aware of the impact of both systemic anti-Black racism and heterosexism, which could contribute to variations in the effects of the current construct. Therefore, future research may necessitate the incorporation of more nuanced measures that account for the intersectional experiences of multiply marginalized individuals to better comprehend the significance of Black LGB centrality in therapy.

Future Utilization of Counseling Services

In further contrast to our hypotheses, therapist cultural humility was not statistically associated with future utilization of counseling services. This finding is inconsistent with previous research documenting the positive effects of therapist cultural humility on a myriad of psychotherapy outcomes among diverse groups (Zhang et al., 2022; Owen et al., 2014). One possible explanation for these results could be that cultural humility alone may not address the systemic barriers and disparities that exist in mental health care access and utilization, particularly for marginalized communities. Clients of color, for example, may face structural barriers such as lack of insurance coverage or transportation to mental health care services (Moon et al., 2019), which can limit their ability to access counseling services even if they feel comfortable and supported by their therapist (Kivligan III et al., 2019). In addition, by working with a culturally humble therapist, clients could learn healthy coping strategies such as seeking informal sources of support for the future such as spirituality, communal support, or mind-body practices (Ranjbar et al., 2020) which have all been found to be central to Black healing and

wellness (Mosley et al., 2021). It is plausible that for some Black LGB clients, working with a culturally humble therapist could help them identify other sources of support to tap into in the future, such as family or community members, rather than from help from professional mental health providers or therapists.

Another important finding of the current study is that when the moderation was broken down, it was found that for Black LGB adults who reported high levels of Black LGB centrality, the relation between therapist cultural humility and future utilization of counseling services yielded significant results. In other words, there was an association between therapist cultural humility and future utilization of counseling services only when Black LGB adults reported high levels of Black LGB centrality. Our results suggest that clients with high levels of identity centrality are more likely to utilize counseling services in the future when their therapist demonstrates cultural humility in their therapeutic encounters. This finding is consistent with previous research indicating that clients who feel their cultural identity is respected and valued by their therapist are more likely to be engaged and benefit from counseling services (Ilagan et al., 2022). Clients with strong Black LGB centrality may be particularly sensitive to whether their therapist is able to provide a culturally responsive and validating environment. However, clients with low and average levels of Black LGB centrality did not show the same pathway of results. Specifically, for Black LGB adults with low and average levels of identity centrality, therapist cultural humility was not significantly related to future utilization of counseling services. This finding suggests that therapist cultural humility may not be as important for Black LGB adults who do not have a strong connection or salience to their racial and/or sexual identity. A possible interpretation for this finding is that perhaps Black LGB clients who do not identify strongly with their Black LGB identity may feel uncomfortable or defensive if their therapist

assumes that they want to discuss issues related to race or ethnicity, which is central towards discussing and addressing power dynamics in a culturally humble therapeutic relationship (Hook et al 2019; Moon et al., 2019). These findings suggest that it is important for therapists to assess their client's level of interest and identity centrality in their therapeutic work, to modify their interventions in a way that is respectful and supportive to the client.

Limitations and Future Research

Although this study makes a distinctive contribution to filling the gap in the literature on Black LGB adults, there are several limitations that could be investigated in future research. Due to the hard-to-reach nature of the population, participants included any self-identified Black LGB adult over the age of 18 who had received counseling services in the past as opposed to focusing on group differences between gay, lesbian, and bisexual participants. The rationale for the inclusion criteria is given that there is very limited scholarship on Black LGB populations, this study sought to fill the gaps in the literature by exploring the experiences of Black LGB adults in a broad context. Further research is necessary to provide insights into how experiences and needs vary across Black LGB subgroups and to inform targeted interventions. Also, the measures used in this study have not been validated with Black LGB adult populations, which may have impacted our understanding of the specific needs necessary for therapists working with this population.

While this study significantly contributes to filling the gap in the literature on Black LGB adults, it is essential to acknowledge potential confounds and limitations that should be addressed in future research. Some confounds may be present due to the lack of information about the specific timeframes for when Black LGB adult clients saw their therapists. In other words, participants were not asked when they worked with the therapist they had in mind while

filling out the measures. They were also not asked how many sessions they saw the therapist for. The absence of this information may introduce variability in clients' experiences and therapeutic outcomes. For instance, maybe some participants responded to the measures based on the therapists they worked with the longest, which would suggest they were relatively satisfied with the experience, hence skewing the evaluations in a favorable direction. Future studies should consider incorporating a specific time frame, such as the number of therapy sessions or the duration of therapy overall, to better understand the impact of cultural humility on Black LGB adult clients and their therapeutic outcomes. Another limitation to consider is the potential shift in the definition and understanding of cultural humility and competence over time. The field of counseling psychology is dynamic and everchanging, and concepts such as cultural humility may have evolved as new scholarship and therapeutic interventions have emerged. Future research should explore how changes in the conceptualization of cultural humility and competence may influence the experiences of Black LGB individuals in therapy. This exploration will help ensure that therapeutic practices remain aligned with current understandings and best practices.

Another drawback of this study is that we measured future utilization of services using a dichotomous question. This may have hindered the ability for participants who plan to utilize services in the future within non-traditional settings (e.g., community organizations, spirituality circles) to adequately assess their intentions. To mitigate this challenge, future researchers could implement a qualitative component to ask participants about their feelings with utilizing services in the future, and the unique modalities and forms these services may take. Given that research has suggested that semi-structured interviews and focus groups may be a potentially valuable research method for exploring the experiences of Black LGB adults due to their ability to provide a more community-oriented and nuanced understanding of the population's experiences

(Bowleg et al., 2008; Mosley et al., 2021). Researchers might consider further exploring future intentions and participants' attitudes regarding their therapists using these methods. Another limitation of this study was that it was cross-sectional, meaning that we could not track participants' experiences over an extended period. Future researchers could collect data in a repeated fashion to better account for ongoing changes, for example, how the Black LGB centrality of our sample changes as they age. Lastly, there are limitations associated with the online data collection method. Collecting data via Qualtrics Panels allowed for data collection from a diverse sample of participants in terms of geographical location and age. Despite this, Black women (77%) and Black bisexual adults (71%) were overrepresented in our sample, which limits the generalizability of our findings. To better understand the experiences of Black LGB adults in therapy, future research should be more intentional in recruiting greater samples of Black gay men, given that they may also face unique challenges in their therapeutic encounters due to their dual role as Black men (Rose et al., 2022; Coleman-Kirumba et al., 2023). Research has shown that Black men are less likely than men from other racial and ethnic groups to seek mental health services, often due to factors such as stigma, but also due to negative therapy experiences (Motley et al., 2018). Therefore, it is important for future research to consider the unique experiences and needs of Black gay men in therapy and to develop interventions that address these specific challenges they face (see, for example, Watkins et al., 2019). With a more diverse sample of Black LGB adults, future research may arrive at findings that will help provide additional insight into the roles of therapist cultural humility, Black LGB centrality, and its role on a plethora of psychotherapy outcomes. Finally, although this study acknowledges some limitations of previous research, it is limited in its ability to offer a detailed insight into which interventions are effective in cultivating a perception of cultural humility among Black LGB

adults. Pinpointing the precise techniques and interventions employed by therapists who are perceived as culturally humble is crucial for informing current training methodologies. To achieve this, future studies should incorporate observer raters and coding to identify specific interactions that convey cultural humility to Black LGB adult clients.

Implications and Conclusion

The current study has important implications for counseling psychologists and mental health professionals. This study elucidated that therapist cultural humility yielded positive benefits for therapist satisfaction in a sample of Black LGB adults. Based on these findings, therapists working with Black LGB adult clients should receive training on cultural humility to improve their effectiveness in treating this underserved population. Such a training should emphasize the importance of acknowledging and respecting the diversity within the Black LGB community (Wheeler, 2003; Bowleg, 2008), as well as the diversity of the communities' perspectives, ideologies, and lived experiences. In addition, applying the cultural humility framework by Hook et al (2013) requires therapists to acknowledge and respect their client's experiences, without imposing their own cultural norms or values. Although not a scope of the current study, one way that therapists can work towards embodying these principles is by increasing their knowledge on salient Afrocentric values (e.g. community and spirituality) (Vance et al., 2022; Szymanski et al., 2008) and finding ways to meaningfully broach these values in therapy. In addition, previous research has found that therapists may unconsciously marginalize or silence their Black LGB clients or stereotype them (Bishop et al., 2022). Such microaggressions can create a significant rupture in the therapeutic relationship, making it difficult to establish rapport and potentially lead to early termination (Sue, 2010). In alignment with the values instilled by the cultural humility framework, it is important for therapists to

engage in ongoing education and self-reflection to identify and address any potential biases they may hold to recognize and address intersectional microaggressions that may be unknowingly perpetuating against their Black LGB adult clients (Hook et al., 2013; DeBlaere et al., 2022).

Given the prevalence of racism and heterosexism in the current sociopolitical climate, the intersectionality theory (Crenshaw, 1991) stresses us to recognize the ways in which Black LGB adults face unique and intersecting forms of oppression distinctively from their Black heterosexual, white LGB, and LGB non-Black person of color counterparts (Page et al., 2022; Follins et al., 2014). One damaging way that everyday discrimination and oppression can manifest in health disparities among Black LGB adults is through the internalization of anti-Black, racist, heterosexist, and homophobic messages and stereotypes (Bowleg et al., 2008; Szymanski et al., 2008; Abreu et al., 2016). It is important for therapists working with Black LGB adult clients to take a proactive approach in helping them externalize rather than internalize the detrimental effects of systemic oppression. By acknowledging and processing the discrimination and oppression that clients may experience, therapists can help clients develop coping strategies and build resilience to combat the negative effects of discrimination (Williams et al. 2019; Nadal et al., 2021). One potential intervention that therapists could adopt with their Black LGB adult clients is the radical healing and radical hope frameworks (French et al., 2020) which acknowledges the pain of oppression and strives to help clients develop hope for justice and freedom. This approach emphasizes a multisystemic, ecological approach centered on social action and communities of color's voices, strengths, and traditional cultural healing methods. In executing such an intervention, practitioners might also adopt a decolonized approach to their therapeutic interventions to challenge systemic oppression within and beyond psychology and use an intersectional lens to understand the healing process (French et al., 2020).

The results of our study suggested that the impact of therapist cultural humility on future utilization of counseling services is influenced by Black LGB centrality, but only among Black LGB adults who have a stronger-than-average sense of identity centrality. These findings highlight the need for therapists to assess their clients' level of identity centrality and explore the significance of the intersection between their race and sexual orientation in their overall self-concept. These findings also highlight the need for psychologists to develop targeted treatment interventions that can help Black LGB clients strengthen their sense of Black LGB centrality.

In the present study, we also found that the main effects of therapist cultural humility on future utilization of counseling services was not significant among Black LGB adults with low and average levels of Black LGB centrality. One interpretation suggests that perhaps other factors, such as institutional barriers to accessing mental health services, may be more influential in determining whether Black LGB individuals seek therapy in the future. For example, issues such as lack of insurance or limited access to low-cost therapy may pose significant barriers, regardless of the level of therapist cultural humility (Kivlighan III et al., 2019) or their levels of Black LGB centrality. These findings underscore the need for therapists to be aware of the broader systemic issues that may prevent Black LGB individuals from accessing therapy in the future. As such, clinical implications should include not only working with clients to develop a stronger sense of Black LGB centrality, but also discussing the practical barriers to accessing mental health care and collaboratively working towards identifying resources to reduce those barriers. Clinicians can also work to advocate for policies and programs that address these systemic issues and promote greater access to mental health services for Black LGB communities. Ultimately, by taking a holistic approach that addresses both individual and systemic factors, clinicians can better support the mental health needs of Black LGB adults.

Table 1*Sociodemographic Characteristics of Sample*

Characteristics	<i>n</i>	%
Age Range (Years)		
18-24	62	39.5
25-49	82	51.8
50+	13	8.1
Gender Identity		
Woman	121	77.1
Man	36	22.9
Sexual Orientation		
Lesbian	112	14.0
Gay	22	14.6
Bisexual	23	71.3
SES In Life		
Lower Class	36	22.9
Working Class	53	33.8
Middle Class	54	34.4
Upper Middle Class	11	7.0
Upper Class	03	1.9
Educational Attainment		
Did not receive High School Diploma	08	5.1
High School Diploma/GED	64	40.8
Trade School/Technical School/Certification	11	7.0
Associates Degree	24	15.3
Bachelor's Degree	30	19.1
Graduate Degree (e.g. MA, PhD)	03	1.9
Not Listed Above	02	1.3

Political Identity		
Very Conservative	12	7.6
Conservative	08	5.1
Moderately Conservative	08	5.1
Moderate	49	31.2
Moderately Liberal	34	21.7
Very Liberal	43	27.4
Other	03	1.9
Geographic Region		
Rural	10	6.4
Suburban	68	43.3
Urban	78	49.7
Other	01	.06
Religious Affiliation		
Agnostic	08	5.1
Atheist	08	5.1
Buddhist	02	1.3
Catholic	09	5.7
Christian	79	50.3
Muslim	03	1.9
Unitarian/Universalist	04	2.5
No Religious Affiliation	35	22.3
Other Faith/Religious Tradition	09	5.7

Note. $N = 157$.

^a Given the large number of sexual identifications in this sample, we opted to provide the three most common sexual orientations for clarity of presentation.

Table 2*Descriptive Statistics and Correlations for Study Variables*

Note. SES = Socioeconomic Status.

Variable	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
1. Mean Centered Cultural_Humility	3.93	.73	—					
2. Mean Centered Black LGB Centrality	15.89	4.78	.09	—				
3. Age	32.85	34.3	.12	.04	—			
4. SES	2.31	.97	-.03	-.02	.07	—		
5. Therapist Satisfaction	4.22	.72	.75**	.16*	.04	-.06	—	
6. Future Utilization of Services	.92	.28	.16*	.09	.03	-.10	.09	—

^a SES = Socioeconomic Status.

* $p < .01$. ** $p < .001$.

Table 3

Multiple Regression with Therapist Satisfaction as the Outcome Variable and Therapist Cultural Humility and Black LGB Centrality as Predictor Variables

Variable	<i>B</i>	<i>SE B</i>	β	<i>P</i>	<i>R</i>	<i>R</i> ²	ΔR^2
<u>Step 1</u>							
Age	-.03	.06	-.04	.61	.07	.01	-.01
SES	.01	.02	.06	.47			
<u>Step 2</u>							
Cultural Humility	.69	.06	.72	<.001	.73	.53	.52**
Black LGB Centrality	.01	.01	.10	.08			
<u>Step 3</u>							
Cultural Humility X Black LGB Centrality	-.02	.01	-.09	.15	.73	.53	.52

^a SES = Socioeconomic Status.

Note. * $p < .05$. ** $p < .01$.

Table 4

Multiple Regression with Future Utilization of Counseling Services as the Outcome Variable and Therapist Cultural Humility and Black LGB Centrality as Predictor Variables

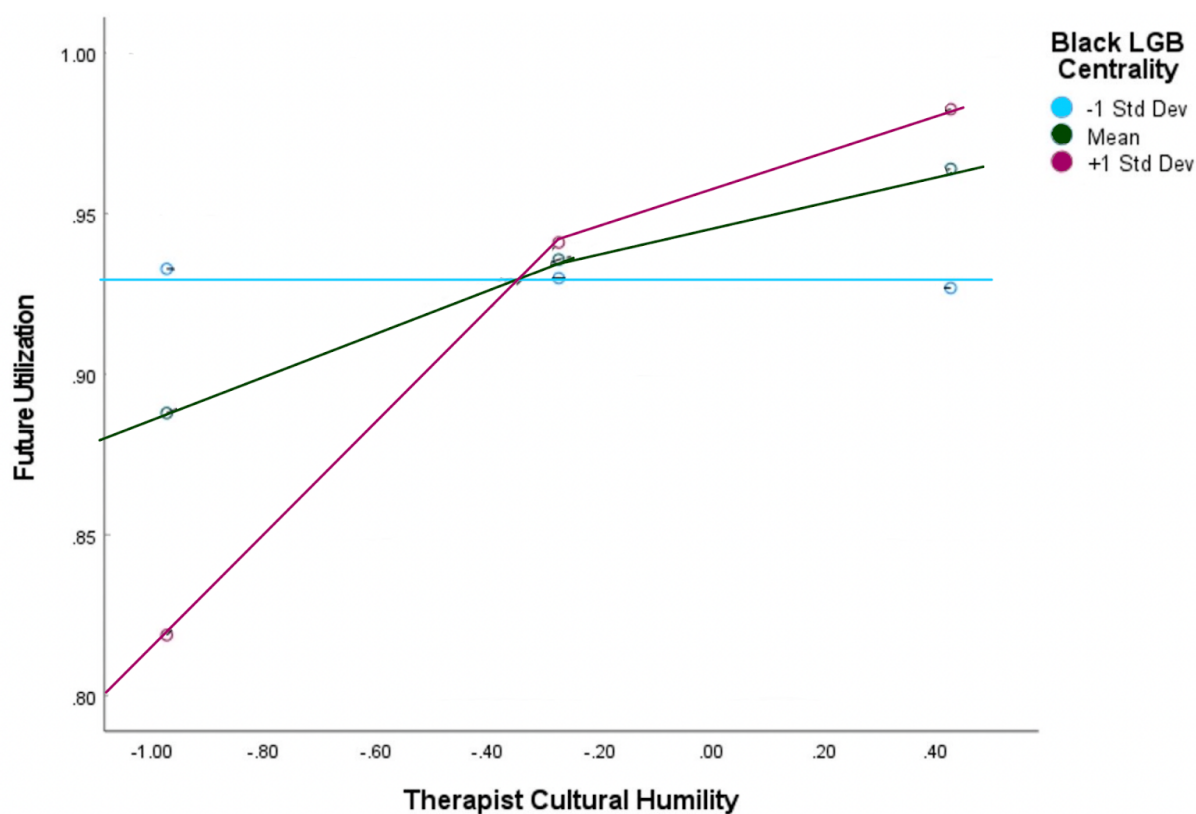
Variable	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>P</i>	<i>Exp (B)</i>
<u>Step 1</u>					
Age	-.01	.01	.04	.85	.99
SES	.40	.31	1.64	.20	.67
<u>Step 2</u>					
Cultural Humility	.87	.45	3.79	.052	2.38
Black LGB Centrality	.07	.07	1.08	.30	1.08
<u>Step 3</u>					
Cultural Humility X Black LGB Centrality	.20	.09	4.98	.03*	1.22

SES = Socioeconomic Status.

Note. * $p < .05$. ** $p < .01$.

Figure 1

Moderation of Black LGB Centrality for the Relation Between Therapist Cultural Humility and Future Utilization of Counseling Services



Note. This figure demonstrates a conditional effect of therapist cultural humility on future utilization of counseling services at higher (significant), average (nonsignificant), and lower (nonsignificant) levels of Black LGB centrality.

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