Available online at www.sciencedirect.com

ScienceDirect

Behavior Therapy 55 (2024) 1318–1334

Behavior Therapy

www.elsevier.com/locate/bt

State of the Science: LGBTQ-Affirmative Psychotherapy

Julian Burger

John E. Pachankis

Yale School of Public Health, Yale University

Sexual and gender minority (SGM) individuals experience significantly higher levels of depression, anxiety, and behavioral comorbidities (i.e., substance use, suicide) compared to heterosexual and cisgender individuals. LGBTQ-affirmative psychotherapy aims to ameliorate the adverse psychosocial processes, ultimately caused by stigma, that underlie this disparity. Over the past two decades, the mental health field has introduced professional guidelines and treatment protocols for LGBTQ-affirmative psychotherapy, and established their efficacy across distinct SGM populations, delivery modalities, and settings. This state of the science review outlines the history, current evidence, and future directions of LGBTQ-affirmative psychotherapy. It provides an historical account of clinically relevant research for SGM populations and outlines the factors that moved the field from pathologizing perspectives to affirmative approaches. It then discusses the current evidence for LGBTQ-affirmative psychotherapy, as well as studies identifying treatment moderators, including race/ethnicity and stigma exposure, as well as potential treatment mechanisms, including hypervigilance, shame, negative self-schemas, unassertiveness, and emotion dysregulation. SGM individuals can only benefit from LGBTQ-affirmative psychotherapy if protocols are widely available and used by therapists. To this end, the article presents current findings on implementation and dissemination, such as therapist training, and different treatment delivery modalities. Finally, the article outlines an agenda for future research to advance the field of LGBTQ-affirmative psychotherapy, including identifying treatment mechanisms, successfully implementing and disseminating treatment protocols, determining which contexts and client characteristics warrant adaptations to current protocols, and understanding how LGBTQ-affirmative psychotherapy can interact with structural and systemic conditions to exert the strongest possible impact on SGM mental health.

Keywords: sexual and gender minorities; LGBTQ-affirmative psychotherapy; cognitive-behavioral therapy; treatment efficacy; treatment mechanisms; implementation; dissemination

CONSISTENT EPIDEMIOLOGIC evidence shows that sexual and gender minority (SGM) people represent one of the highest-risk populations for mental health problems, including major depression, anxiety disorders, and behavioral comorbidities (e.g., hazardous substance use; suicidal ideation and attempt; sexual health risk; Beyrer et al., 2012; Fergusson et al., 1999, 2005; Hatzenbuehler et al., 2008; Hatzenbuehler & Pachankis, 2016: Lefevor et al., 2019: Marshal et al., 2008; Pachankis, Harkness, Maciejewski, et al., 2022). According to minority stress theory (Brooks, 1981: Hendricks & Testa, 2012: Meyer, 2003), the most plausible source of these disparities lies in LGBTQ individuals' experiences of unique stressors related to their stigmatized identities (e.g., peer bullying, family nonacceptance) and associated stress reactions (e.g., hypervigilance, shame, self-concealment), all of which are predictive of adverse mental health outcomes. This theory (Hatzenbuehler, 2009; Meyer, 2003) and its supporting research (e.g., Hollinsaid et al., 2023; Pachankis, Hatzenbuehler, et al., 2023) has laid the groundwork for the development of evidence-based LGBTQ-affirmative psychotherapies. Although LGBTQ-affirmative psychotherapies have a long history starting with the early LGBTQ rights movement, an emerging body of rigorous research has arisen in recent years, incorporating

Preparation of this article was supported by the David R. Kessler, MD, '55 Fund for LGBTQ Mental Health Research at Yale. John E. Pachankis receives royalties from Oxford University Press for books related to LGBTQ-affirmative mental health treatments.
Address correspondence to Julian Burger, Ph.D., 60 College St., New Haven, CT 06520. e-mail: julian.burger@yale.edu.

community-based feedback into clinical trials, to now show the efficacy of these approaches. Given that minority stress theory primarily specifies cognitive, affective, and behavioral treatment targets (Pachankis, 2015), these more recent evidence-based approaches have tended to be cognitive-behavioral in nature. This state of the science review (Comer, 2024) outlines the history and development of LGBTQ-affirmative psychotherapy and recent evidence underlying its efficacy, and outlines several future directions needed to ensure that efficacious, affirmative treatments continue to reach SGM people in greatest need of mental health support.

A Brief History of LGBTQ-Affirmative Psychotherapy

For much of the mental health field's history, practitioners conceptualized and treated homosexuality and nonconforming gender identities and expressions as pathological experiences in need of eradication (Drescher, 2015; Silverstein, 2009). Until 1973, the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*; American Psychiatric Association, 2013) listed homosexuality as a "sexual deviation," subjecting untold numbers of gay men and lesbian women to treatment of this "condition" via so-called "conversion therapies." The seventh printing of the *DSM-II*, published in 1974, introduced "sexual orientation disturbances," which regarded homosexuality as a problem worthy of treatment if the individual showed distress stemming from their same-sex attraction and a desire to change it. In the *DSM-III*, published in 1980, this label was changed to "ego dystonic homosexuality," and the *DSM-III-R*, published in 1987, was the first to exclude any variant of homosexuality that would justify treatment. Similarly, transgender experiences were included in the *DSM-III* in 1980 in the form of "gender identity disorders." Only with the publication of the *DSM-5* in 2013 did this focus on transgender experiences as pathology shift to the experience of gender dysphoria. The gender dysphoria diagnosis remains controversial; on the one hand, a diagnosis ensures access to health care, on the other hand, it perpetuates a pathological notion of gender variance (American Psychological Association, 2015). Across this history, both psychoanalytic (e.g., Bieber et al., 1962; Socarides, 1977) and behavior therapy (e.g., Herman et al., 1974; MacCulloch & Feldman, 1967) approaches promoted pathologizing views of nonnormative gender-based behavior and attractions through studying the etiology of these assumed pathologies (Bieber et al., 1962; Green, 1972) and means of their eradication (Barlow & Agras, 1973). These efforts to change sexual orientation and gender identity and expression included, for example, aversion therapy using unpleasant stimuli such as electric shocks to recondition "undesirable" aspects of sexuality and gender-based experience (for a review, see Comer et al., 2023). These theories and practices colluded with the stigmatizing structural conditions of the time to condemn untold numbers of SGM individuals to lives of projected sickness, solitude, and criminalization (Pachankis, 2018).

The early LGBTQ rights movement ushered in a move away from pathologizing discourse toward more affirming stances within the mental health profession toward SGM individuals. Indeed, research during this time, conducted mainly with community samples in North America, reported overall similarities in the psychological characteristics of sexual minority and heterosexual individuals (e.g., Hooker, 1957), and same-sex and heterosexual relationships (Peplau, 1982). This research finding no difference, or even positive adaptations (Thompson et al., 1971) between sexual minority and heterosexual individuals helped justify that no mental health intervention was needed to modify SGM experiences or identities. Around the same time, the LGBTQ rights movement had formed grassroots community supports, including identity-affirming mental health supports located in LGBTQ community spaces, following a model of community-based empowerment (Martos et al., 2017; Silverstein, 2009).

Although the research showing similarities between sexual minority and heterosexual individuals and between same-sex and heterosexual relationships reduced the pathologizing discourse of earlier research, by relying on nonrepresentative community sampling, this research also obscured the possibility of distinct mental health experiences by sexual or gender identity resulting from societal mistreatment and other environmental threats. In fact, during the beginning of the 21st century, the first population-representative studies to assess sexual orientation clearly showed that sexual minority adults (Cochran & Mays, 2000a, 2000b) and youth (Garofalo et al., 1999) were at significantly greater risk of poor mental health outcomes such as suicide attempts compared to their heterosexual counterparts. During this time, increased governmental attention to, and funding for, HIV/AIDS research, primarily among gay and bisexual men, further heightened the focus

on disproportionate health burdens borne by sexual minority compared to heterosexual individuals. Not only did these studies identify a higher burden of HIV/AIDS on the sexual minority male population, but they also established co-occurring disproportionate risks of depression, anxiety, and substance use problems (D'Augelli, 1989; McKirnan & Peterson, 1988; Meyer, 1995). The HIV/AIDS epidemic also introduced the first clinical trials of affirmative behavioral approaches for sexual minorities, primarily in the form of stress management interventions for HIV-positive gay and bisexual men (Antoni et al., 2006). Although these interventions did at times recognize and address the specific stress emanating from HIV infection and being a sexual minority, their focus tended to be on stress management more generally.

Since that time and continuing to today, minority stress theory (Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003) has called substantial attention to the distinct forms of identity-related stress that can stem from possessing an SGM identity. Consequently, significant psychotherapy research since that time has focused on ways to specifically adapt treatments to address this stress to enhance identity-related coping. This development is notable in that few evidence-based intervention approaches up to that time were specifically focused on addressing the concerns of stigmatized populations, or really any distinct population outside of diagnostically distinct groups. Whether such population-distinct interventions are indeed warranted remains an open question, answered as much by empirical evidence as by ethical and professional considerations (Pachankis, 2018). As a framework for organizing the stress associated with holding a stigmatized sexual (Brooks, 1981; Meyer, 2003) or gender (Hendricks & Testa, 2012; Sevelius, 2013) minority status, minority stress theory has also served as a useful model for developing interventions to help facilitate identity-focused stress coping. According to minority stress theory, early and ongoing exposure to identity-based victimization, peer bullying and rejection, and family nonacceptance undermines SGM individuals' mental health across the lifespan (Bränström et al., 2022). Specifically, SGM individuals who are exposed to these social threats can develop coping adaptations (e.g., negative self-schemas, shame, hypervigilance, unassertiveness) that, if employed as chronic, inflexible responses over time can generate poor mental health (Hollinsaid et al., 2023; Maiolatesi et al., 2023; Pachankis, Hatzenbuehler, et al., 2023). Minority stress theory and its clinical extensions (Hatzenbuehler, 2009; Meyer, 2003) have identified such processes as potentially promising treatment targets for LGBTQ-affirmative psychotherapy, and they continue to inform the search for treatment targets today (Pachankis, Soulliard, Morris, et al., 2023).

Because these theories specify cognitive (e.g., negative self-schemas), affective (e.g., shame), and behavioral (e.g., unassertiveness) mechanisms underlying the association between SGM individuals' exposure to identity-related stress and adverse mental health, treatments informed by them have tended to be cognitive and behavioral in nature. Cognitive-behavioral therapies (CBT) also lend themselves to being tested in randomized controlled trials, given their potential for manualization and associated means of establishing internal validity (e.g., fidelity checks). CBT-based treatments have therefore formed the bulk of the evidence base for LGBTQ-affirmative psychotherapies (e.g., Craig et al., 2021; Pachankis et al., 2022). Because these psychotherapies not only work to reduce suffering but also offer an identity-affirming alternative to so-called "conversion therapies" and because they are consistent with professional practice guidelines for providing affirming care to SGM populations (Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, American Psychological Association, 2015; Guidelines for Psychological Practice with Sexual Minority Persons, American Psychological Association, 2021; McLachlan et al., 2019), the mental health field has tended to agree that these identity-focused treatments are appropriate and warranted for SGM individuals.

Empirical Evidence for LGBTQ-Affirmative Psychotherapy

In addition to its theoretical fit to minority stress theory and its amenability to clinical trials as noted above, CBT is well suited as an affirmative approach to SGM people's disproportionate burden of adverse mental health for several conceptual reasons (Balsam et al., 2006; Martell et al., 2004; Pachankis, 2014). First, CBT locates sources of distress in social structures rather than personal deficiencies, aligning with an appropriately affirmative stance when delivering psychotherapy with SGM individuals. Second, CBT focuses on acquiring cognitive flexibility to update internalized, negative ideologies such as those emanating from early and ongoing exposure to stigma and minority stress. Third, CBT aims to enhance adaptive behavioral coping skills, and focuses on self-empowerment to implement these skills in daily

life, thereby promoting self-efficacy to cope with stressful situations that individuals with stigmatized identities face. These conceptual merits further position CBT as a suitable approach for addressing identity-related stress experiences, especially given the increasing attention paid by the mental health field to the ways in which structural, systemic forces jeopardize the well-being of the stigmatized (Hatzenbuehler & Pachankis, 2021).

The earliest empirical evidence for the efficacy of LGBTQ-affirmative psychotherapy stemmed from case studies illustrating the ways in which general existing CBT protocols could be adapted to the specific needs of sexual minority clients. For instance, these case formulations illustrated the utility of applying CBT techniques to address identity-specific topics such as identity concealment (Glassgold, 2009; Safren & Rogers, 2001), hate-crime related stress (Kaysen et al., 2005), and internalized stigma (Martell et al., 2004; Walsh & Hope, 2010). These case studies played an essential role in the development of LGBTQ-affirmative psychotherapies because they illustrated how CBT principles and techniques could be effectively mapped onto case formulations that included concerns specific to SGM individuals. For example, Glassgold (2009) provided an example of the benefit of addressing a client's concealment behaviors and disclosure fears while addressing his anxiety and panic symptoms within a CBT conceptualization. Similarly, Walsh and Hope (2010) reported that their client's social anxiety scores decreased most when shifting from a standard CBT protocol to a case formulation that addressed their client's struggles around his sexual orientation. Methodologically, of course, case studies pose several limitations to evaluating treatment efficacy. First, because case studies generally use pre-post designs without control conditions, treatment effects cannot be separated from natural recovery. Second, the findings of case studies may depend on the specific context of the case (e.g., therapist or client variables), thereby obscuring the generalizability of treatment gains under different circumstances. Third, while these case studies showcase the integration of LGBTQ-relevant content to the practice of CBT, they did not necessarily derive their LGBTQ-specific guidance from systematic empirical study of the application of specific approaches for addressing SGM individuals' distinct presenting concerns. In summary, case studies laid an important groundwork for demonstrating how LGBTQ-affirmative case formulations could be used for SGM clients and showed initial evidence that LGBTQ-informed CBT approaches can be effective. Indeed, case studies of LGBTQ-adapted evidence-based treatments remain relevant today as they lay the groundwork for future systematic study of other theoretically grounded psychotherapeutic approaches applied to SGM clients (e.g., Medley, 2021; Staples, 2023).

As observational research increasingly validated the tenets of minority stress theory (Hatzenbuehler, 2009; Hendricks & Testa, 2012; Meyer, 2003), and identified the mechanisms through which minority stress compromised mental health (Bränström et al., in press; Hollinsaid et al., 2023; Maiolatesi et al., 2023; Pachankis, Hatzenbuehler, et al., 2023), the mental health field took advantage of this blueprint to design and test evidence-based treatments that could address these mechanisms (e.g., Pachankis, 2014). To systematically ensure that targeting these theoretically and empirically validated mechanisms could appropriately respond to the characteristic ways in which SGM people might cope with stress, Pachankis (2014) and colleagues (e.g., Jackson et al., 2022; Scheer et al., 2023) consulted with several dozen clinical experts as well as SGM community members experiencing mental health challenges to identify the cognitive, affective, and behavioral mechanisms through which minority stress manifests in SGM individuals' lives and translated those consultations into principles and techniques, rooted in cognitive-behavioral approaches, that could inform treatments intended to address those minority stress mechanisms (Pachankis, Soulliard, Morris, et al., 2023).

These principles and techniques can theoretically be overlaid onto any existing evidence-based treatment, perhaps especially those rooted in learning theory and cognitive-affective science, to guide those treatments toward an LGBTQ-affirmative stance. The principles include, for example, normalizing depression and anxiety as responses to minority stress, validating the painful impact of early and ongoing minority stress, systematically empowering SGM individuals to cope with the psychosocial consequences of minority stress, building relationships that support SGM individuals' authentic self-expression, drawing upon unique strengths of the LGBTQ community and SGM individuals, and validating intersectional identities as sources of stress and resilience (Coyne et al., 2020; Pachankis, Harkness, Jackson, et al., 2022a, 2022b; Pachankis, Soulliard, Morris, et al., 2023). Accompanying CBT-based techniques that translate these principles into therapeutic action include, for example, fostering insight into the ways in which minority stress

experiences can shape one's cognitive, affective, and behavioral experiences; approaches for building cognitive flexibility away from rigid, internalized negative ideologies about SGM individuals; and behavioral experiments for building self-affirmation, especially in the face of ongoing stigma and minority stress (Pachankis, 2015). These principles and techniques of LGBTQ-affirmative CBT provide a concrete way to translate more general long-standing guidelines for LGBTQ-affirmative mental health practice into concrete therapeutic approaches, as explicitly recommended by professional guidelines for mental health practice with SGM individuals (American Psychological Association, 2015; American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons, 2021).

In perhaps the first systematic attempt to adapt an existing evidence-based treatment to be LGBTQ affirmative, these principles and techniques were integrated throughout an existing transdiagnostic CBT protocol (Barlow et al., 2017), resulting in a nine-module therapist manual that could be tested in clinical trials. The initial efficacy of LGBTQ-affirmative CBT was established in waitlist controlled trials, finding greater improvements across outcomes, including depression, anxiety, and substance use among young adult gay and bisexual men (Pachankis et al., 2015a) and gender-diverse sexual minority women, 43% of whom identified as transgender or gender nonbinary (Pachankis, McConocha, et al., 2020), compared to a waitlist control. Similar effects have been obtained in waitlist controlled trials for LGBTQ-affirmative CBT when delivered to SGM youth in group settings within community organizations in Canada (Craig et al., 2021; Craig & Austin, 2016), in pre-post trials when delivering the treatment to transgender and gender nonbinary individuals in Eastern Europe (Lelutiu-Weinberger et al., 2024), and using game-like formats to sexual minority youth in New Zealand (Lucassen et al., 2015). As another notable example of an evidence-based mental health treatment for SGM individuals, attachment-based family therapy, when adapted to the concerns of nonaccepting parents and their SGM adolescents, exerts improvements on SGM youth depression, suicidality, and attachment-related outcomes in open trials in the U.S. and Israel (Diamond et al., 2012, 2022).

An important step in establishing treatment efficacy involves comparing novel approaches against current treatment standards and practices. A newer wave of efficacy studies has thus examined LGBTQ-affirmative CBT against stronger control conditions, such as LGBTQ-affirmative community counseling, using randomized controlled trials. The one completed study to have done so found that LGBTQ-affirmative CBT results in at least equal treatment success compared to current standards of LGBTQ-affirmative counseling as typically delivered in community settings, and may be especially beneficial for treating comorbid anxiety, depression, substance use, and HIV-transmission-risk behavior among young gay and bisexual men (Pachankis et al., 2015a; Pachankis, Harkness, Maciejewski, et al., 2022). Although comparative efficacy trials of LGBTQ-affirmative CBT have only been conducted with gay and bisexual men to date, research is underway that compares LGBTQ-affirmative CBT to existing treatments for gender-diverse sexual minority women for outcomes including hazardous alcohol use and comorbid depression, anxiety, and trauma-/stress-related disorders (Pachankis et al., 2024).

One additional benefit of increasingly larger trials of LGBTQ-affirmative CBT is that they bring greater statistical power to investigate research questions beyond treatment efficacy, such as identifying moderating conditions and mediating processes of LGBTQ-affirmative psychotherapies. In terms of treatment moderation in the above-mentioned comparative efficacy trial, the study therapists nominated 20 possible moderators of LGBTQ-affirmative CBT efficacy (e.g., client demographic variables, pretreatment comorbidities, clinical facilitators, minority stressors). From this analysis, only race/ethnicity emerged as a significant moderator, with Black and Latino gay and bisexual men benefitting more from treatment compared to White gay and bisexual men in terms of the pre-registered outcome (e.g., comorbid depression, anxiety, substance use problems, and HIV-transmission-risk behavior; Keefe et al., 2023). Additional research has specifically examined stigma exposure across levels, including structural (Hatzenbuehler & Pachankis, 2021), interpersonal (Pachankis, Williams, et al., 2020), and internalized (Millar et al., 2016), as moderators of LGBTQ-affirmative CBT efficacy. Overall, this research paints a preliminary picture whereby treatment efficacy depends on whether LGBTQ-affirmative CBT is adapted to address stigma-specific concerns or not, and the level of stigma to which an individual is exposed (e.g., structural vs. internalized; Hatzenbuehler & Pachankis, 2021). These studies have found that LGBTQ-affirmative CBT yields greater efficacy for individuals living in areas with higher structural stigma

(Pachankis, Soulliard, Layland, et al., 2023) and for individuals with higher levels of internalized stigma measured implicitly and explicitly (Millar et al., 2016). Indeed, two highly similar trials of LGBTQ-affirmative CBT delivered asynchronously online found different effects, with a trial in the U.S. finding very small effects (Pachankis, Soulliard, Layland, et al., 2023), and a trial in China, a context with higher structural stigma, finding much stronger effects (Yi et al., 2024). SGM individuals' experiences with interpersonal forms of stigma, including victimization, parental nonacceptance, and peer bullying, have not yet been found to serve as moderators of LGBTQ-affirmative CBT, although they have been shown to moderate the efficacy of specific components of this treatment (Pachankis, Williams, et al., 2020).

To maximize treatment effects, the mental health field needs to know more precisely how LGBTQ-affirmative CBT works. Research on treatment mechanisms is crucial because it directs attention to processes that are particularly important to address in treatment and that can shape future treatment development. To date, the search for treatment mechanisms has been guided by theory, namely minority stress theory and its extensions. As noted above, minority stress theory emphasizes the mechanistic role of chronic rejection expectations, identity concealment, and internalized stigma (Meyer, 2003), as well as emotion regulation deficits, social isolation, and negative self-schemas (Hatzenbuehler, 2009) that link stigma exposure to adverse mental health conditions among SGM individuals. In recent years, population-based longitudinal cohort studies have confirmed the role of these mechanisms (Bränström et al., in press; Hollinsaid et al., 2023; Pachankis, Hatzenbuehler, et al., 2023). Applying this theory and observational research to the search for candidate mechanisms of LGBTQ-affirmative CBT, an analysis of data from 254 young gay and bisexual men enrolled in a study of LGBTQ-affirmative CBT found that although none of the candidate mechanisms were found to serve as statistical mediators of improvements following LGBTQ-affirmative CBT, improvements in emotion regulation difficulties and assertiveness were the most strongly supported candidate mechanisms given their prospective associations with treatment outcome (Burger et al., 2024). This finding is largely consistent with the effects of earlier waitlist trials that also found comparatively stronger impact on emotion regulation difficulties following treatment, even though they did have sufficient sample sizes or follow-up periods to assess mediation (e.g., Pachankis et al., 2020). Similarly, several additional studies have examined candidate mechanisms in intervention studies for SGM individuals beyond the context of LGBTQ-affirmative CBT, which might inform future studies of treatment effect mediation. For instance, online single-session interventions designed to reduce internalized stigma are, in fact, effective in reducing internalized stigma and increasing identity pride (Shen et al., 2023). Further, other brief interventions, such as online expressive writing and self-affirmation exercises for sexual minority young adults in high-stigma locales, have been shown to yield reductions in perceived stress en route to improving mental health (Chaudoir et al., 2023). Engaging with identity-affirming educational material via an online web application has also been shown to improve SGM individuals' beliefs in their coping abilities as well as their actual coping skills (Bauermeister et al., 2022). Moving forward, testing for whom treatment works best and the mechanisms through which treatment effects are obtained will be important for further developing and tailoring LGBTQ-affirmative CBT and other psychotherapies to specific clients and presenting concerns. At the same time, given that none of the above research has identified candidate mechanisms that serve as statistical mediators of efficacy of LGBTQ-affirmative psychotherapies, future research might benefit from extending existing theory and observational research to identify such mediators.

Dissemination and Implementation

With substantial efficacy evidence now established, LGBTQ-affirmative CBT lends itself to wide dissemination, further possible given its potential for manualization (Pachankis, Harkness, Jackson, et al., 2022a) and the relative ease of training providers in modularized psychotherapies (Moras, 1993). In fact, the efficacy of training providers in LGBTQ-affirmative psychotherapy has been examined in randomized controlled trials, finding that such training reduces providers' implicit and explicit bias, especially if ongoing supervision is provided, and that improved LGBTQ competencies persist beyond one year (Lelutiu-Weinberger et al., 2022; Pachankis et al., 2022). These improvements exist following both online trainings, as well as in-person trainings, and extend to training providers working in locales with high structural stigma (Lelutiu-Weinberger et al., 2022). Provider training in LGBTQ-affirmative CBT, specifically, is well-supported: Therapists are motivated to

partake in them (Fish et al., 2022), and directors of frontline LGBTQ community mental health settings widely support providing the staff time and administrative support necessary to integrate this training into their settings (Pachankis et al., 2021).

Dissemination of LGBTQ-affirmative psychotherapies can also be facilitated by means of efficient treatment modalities. For instance, group adaptations of LGBTQ-affirmative psychotherapy are effective in decreasing minority stress, anxiety, and depression symptoms (e.g., Goldbach et al., 2021), and have additional benefits such as reduced loneliness for Black and Latino sexual minority individuals (Jackson et al., 2022). Group delivery has also been tested in the context of LGBTQ-affirmative adaptations of dialectical behavior therapy (DBT; Skerven et al., 2019), and showed promise for decreasing emotion dysregulation and depression symptoms in a study of six sexual minority veterans (Cohen et al., 2021). LGBTQ-affirmative treatments can also be delivered via asynchronous online platforms, with potential for larger reach compared to treatments delivered in person. Such online approaches are acceptable and feasible (Pachankis, Soulliard, Layland, et al., 2023), although evidence for their impact on mental health outcomes has been mixed, with some studies showing null or small effects (Pachankis, Soulliard, Layland, et al., 2023; Shen et al., 2023), and others showing robust effects across outcomes when compared to a control condition (Yi et al., 2024). LGBTQ-affirmative online treatments seem to be most efficacious for SGM individuals exposed to high levels of stigma, perhaps because of the particularly strong need for such treatments in such contexts (Pachankis, Soulliard, Layland, et al., 2023; Yi et al., 2024).

Implementation refers to the integration of a treatment innovation, like LGBTQ-affirmative CBT, within existing structures and systems of care. Successful implementation involves considerations of the barriers and facilitators of uptake of the treatment in real-world practice settings, including effective ways to train and supervise providers, the treatment's acceptability to providers and clients, and identified strategies for embedding the treatment within existing care structures to ensure its sustainability (Sholomskas et al., 2005). Although still in its infancy, the study of implementation of LGBTQ-affirmative psychotherapy has focused on identifying settings in which to embed LGBTQ-affirmative CBT and the facilitators and barriers of implementation therein. For instance, this early work has identified LGBTQ community centers as optimal settings for LGBTQ-affirmative CBT implementation given the fact that these centers respond to the mental health needs of SGM individuals in local communities in the U.S. and worldwide, providing care to many tens of thousands of LGBTQ individuals each year, and that these centers tend to be receptive to staff training in evidence-based practice as a means to meet this need (Pachankis et al., 2021). Indeed, in a survey of 60 directors of LGBTQ community centers in the U.S., 100% endorsed their support for providing administrative supports for their mental health staff to be trained in LGBTQ-affirmative CBT. Future research is now needed to determine the most effective ways in which to go about this implementation, taking into account the distinct local features of each LGBTQ community center, their leadership and staff characteristics, and distinct barriers and facilitators within each center that might predict sustained LGBTQ-affirmative CBT uptake. Other national healthcare systems, such as the Veterans Health Administration, lend themselves to implementation sites of LGBTQ-affirmative mental health care. Indeed, systematic research has taken place to identify barriers and facilitators of a more general LGBTQ health education program within the Veterans Health Administration (Wilson et al., 2023). The barriers (e.g., anti-LGBTQ stigma) and facilitators (e.g., leadership support) identified through that research might also inform future implementation of LGBTQ-affirmative mental health care in this and similar nationwide settings. Indeed, group-based LGBTQ-affirmative mental health programs have been successfully implemented in general community centers not specifically focused on LGBTQ community, with low attrition, and high levels of engagement and acceptability of participants (Craig et al., 2021). As discussed below, other future settings for implementation include those located in high-need, low-resource locales globally, which introduce distinct specific implementation challenges and opportunities for future research to identify.

Advancing the Science of LGBTQ-Affirmative Psychotherapy: An Agenda for Future Research

This final section outlines an agenda for future research in the field of LGBTQ-affirmative psychotherapy. Table 1 summarizes these research questions and their relevance for advancing the field.

Identifying Treatment Mechanisms of LGBTQ-Affirmative Psychotherapy

As noted above, no candidate mechanisms have been identified as statistical mediators of the

Table 1
Future Research Questions for Advancing LGBTQ-Affirmative Psychotherapy

Research question	Relevance
Identifying treatment mechanisms of LGBTQ-affirmative psychotherapy	
What mechanisms underlie treatment effects?	Maximizing treatment effects by focusing on mechanisms and informing the development of future intervention approaches.
Do treatment mechanisms differ for different sub-populations?	Understanding why treatment may be more or less effective for specific sub-populations.
If treatment mechanisms differ for different sub-populations, should LGBTQ-affirmative psychotherapy protocols be adapted for those sub-populations?	Establishing a balance between having numerous distinct treatment protocols and maximizing treatment effects for sub-populations.
Building the evidence base beyond cognitive-behavioral therapy approaches	
Are other therapy approaches such as emotion-focused therapy (EFT) and interpersonal psychotherapy (IPT) suitable for LGBTQ-affirmative adaptations?	Expanding LGBTQ-affirmative psychotherapy to other therapeutic orientations beyond CBT and maximizing reach.
What approaches are used by skilled clinicians in the community that promote LGBTQ affirmation?	Identifying effective treatment mechanisms and techniques that can extend the evidence base of LGBTQ-affirmative psychotherapy beyond CBT.
How can LGBTQ-affirmative psychotherapy be combined with approaches focusing on stressful aspects of other minoritized identities, such as racial minority identities?	Advancing an intersectional approach to LGBTQ-affirmative psychotherapy, improving treatment outcomes for individuals with multiple marginalized identities.
Expanding identity-affirmative psychotherapy research to other populations	
Is LGBTQ-affirmative psychotherapy effective for different sub-populations (e.g., individuals with different cultural backgrounds; those who experience racism, those holding intersectional identities and experiences, those who are asexual)?	Identifying sub-populations for whom current protocols are especially effective, and, conversely, for whom current protocols are not yielding maximum treatment benefits.
If LGBTQ-affirmative psychotherapy is not effective for various sub-populations, what specific experiences of those sub-populations should treatment adaptations focus on?	Identifying aspects of LGBTQ-affirmative psychotherapy that warrant adaptation to maximize treatment benefits for a given sub-population.
Collecting effectiveness outcomes in real-world settings	
How effective is LGBTQ-affirmative psychotherapy in real-world settings?	Determining if effects found in randomized controlled trials hold under real-world conditions.
What training modalities are most cost-effective for disseminating LGBTQ-affirmative therapy (e.g., online courses, training, supervision)?	Determining the most cost-effective approach to implementing and sustaining LGBTQ-affirmative psychotherapy.
What adaptations do therapists naturally make to LGBTQ-affirmative psychotherapy protocols to respond to contextual factors such as limited resources?	Identifying areas of treatment adaptations that should be formalized in future iterations of LGBTQ-affirmative psychotherapy to respond to contextual factors such as limited resources.
What barriers and facilitators exist to implementing LGBTQ-affirmative psychotherapy in care settings?	Maximizing dissemination by addressing the specific barriers and capitalizing on facilitators for implementation.
Identifying presenting concerns for which identity-affirming psychotherapies are indicated	
Under which conditions are identity-focused treatments, such as LGBTQ-affirmative CBT, warranted?	Identifying the client characteristics that indicate whether LGBTQ-affirmative protocols are recommended over more general protocols.
Which type of LGBTQ-affirmative therapy is indicated for a given client?	Identifying client characteristics that indicate a specific type of LGBTQ-affirmative protocol (e.g., CBT, EFT, IPT).
Integrating LGBTQ-affirmative psychotherapy within structural interventions	
Can delivering LGBTQ-affirmative psychotherapy within settings marked by structural stigma enhance the structural climate of those settings, or conversely, does structural stigma of those settings undermine the efficacy of LGBTQ-affirmative psychotherapy?	Understanding the bidirectional associations among structural conditions, LGBTQ-affirmative psychotherapy, and SGM mental health.
To what extent do downstream interventions like psychotherapy affect upstream improvements in structural conditions?	Understanding LGBTQ-affirmative psychotherapy more broadly as part of a movement to promote SGM rights and structural change.

efficacy of LGBTQ-affirmative psychotherapies. This is at least partly a function of the relative lack of suitable existing data opportunities, with most studies of LGBTQ-affirmative psychotherapy utilizing small sample sizes, few follow-up periods, and insufficient comparison conditions for informing treatment mechanisms. However, identifying the mechanisms through which LGBTQ-affirmative psychotherapy works holds promise for maximizing treatment efficacy and informing the development of future intervention approaches and consequently represents a research priority. Although not tested as formal mediators of LGBTQ-affirmative psychotherapy, psychological experiences such as hope (Craig et al., 2021), emotion regulation difficulties, and unassertiveness (Burger et al., 2024) have been shown to be impacted by LGBTQ-affirmative psychotherapies. Because these constructs are also consistent with minority stress theory (Meyer, 2003) and its extensions (Hatzenbuehler, 2009), they might serve as promising candidate mechanisms to be investigated as such in suitable future trials. At the same time, rigorous observational research has identified the relevance of constructs such as shame (Pachankis, Hatzenbuehler, et al., 2023), hypervigilance (Hollinsaid et al., 2023), negative self-schemas (Bränström et al., in press), adverse childhood events, and inflammation (Bränström et al., 2024) as mediators of the association between sexual orientation and mental health outcomes such as depression, as well as of the association between minority stress exposure and poor mental health among sexual minority individuals. Although these mechanisms have not been investigated as mediators of treatment efficacy, their established mechanistic role in the mental health of sexual minority individuals supports the possibility that they might also play a key role in treatment effects. Future research guided by valid constructs, sound measurement, and relevant theory can aid in future focal searches for mechanisms of treatment efficacy. Indeed, new theories (e.g., social safety theory; Diamond & Alley, 2022), additional constructs (e.g., shame; Pachankis et al., 2023), and data opportunities (e.g., trials of single-session interventions across diverse geographies; Shen et al., 2023) can facilitate this forward movement.

Future research into treatment mechanisms of LGBTQ-affirmative psychotherapies can also be informed by research on treatment moderators to advance precision medicine. For instance, identifying the client presentations for which LGBTQ-affirmative psychotherapies work best and how treatment effects are obtained for these presentations will be crucial to further develop and tailor LGBTQ-affirmative psychotherapy to specific clients and the psychosocial processes that might be particularly likely to affect them. The finding that LGBTQ-affirmative CBT yields more efficacy for Black and Latino clients, for example, suggests that specific experiences likely to be faced by those populations might be related to treatment effects (Keefe et al., 2023). Sexual minority people of color might be particularly likely to experience minority stress or to possess particular capacity to respond to such stress by virtue of their racial socialization experiences, thereby directing the search for targeted treatment mechanisms toward those experiences. In addition to client demographics, other research has shown that various forms of stigma across levels serve as moderators of treatment efficacy for SGM populations (Hatzenbuehler & Pachankis, 2016). At the same time, the search for treatment personalization needs to balance improved treatment outcomes with feasibility, given that multiple adaptations of a protocol can introduce implementation challenges (Burger, 2023).

BUILDING THE EVIDENCE BASE BEYOND COGNITIVE-BEHAVIORAL THERAPY APPROACHES

CBT lends itself well to implementing the principles of LGBTQ-affirmative psychotherapy for the empirical, conceptual, and professional reasons reviewed above, but CBT is obviously not the only therapeutic orientation with potential for affirming SGM experiences in psychotherapy. As the field of SGM mental health refines its theories and evidence for the mechanisms underlying the substantial mental health disparities affecting SGM people, it has potential to identify treatment targets that are well-suited to other existing treatment approaches outside of a CBT framework.

For instance, existing evidence-based treatment approaches such as emotion-focused therapy (Greenberg, 2004; Johnson, 2019) and related approaches (e.g., accelerated experiential dynamic psychotherapy; Fosha & Yeung, 2006) lend themselves to addressing emotional experiences particularly likely to be experienced by SGM individuals. In fact, research and theory (Cardona et al., 2022; Pachankis, Hatzenbuehler, et al., 2023) have recently shown that traumatic identity invalidation and its emotional sequelae (e.g., chronic shame) play prominent roles in SGM individuals' mental health. Emotion-focused therapies, which naturally focus on the experiences and attachment-based precipitants of discrete emotions, are likewise suited to addressing emotional experiences

such as shame that SGM individuals disproportionately experience as a result of early and ongoing attachment-based challenges (Pachankis et al., 2022; Rosario, 2023). Indeed, case studies of LGBTQ-affirmative adaptations of emotion-focused therapies lay important groundwork for how such adaptations might be more systematically studied across SGM client populations into the future (Medley, 2021).

Similarly, interpersonal psychotherapy (IPT) lends itself to LGBTQ-affirmative adaptation given its focus on identifying relational challenges, including role transitions and disputes, and building healthy relational repertoires. Indeed, one of the core principles of LGBTQ-affirmative psychotherapy identified from community stakeholder consultations involves building healthy close relationships in which SGM individuals can express themselves authentically (Pachankis, Soulliard, Morris, et al., 2023). Because SGM individuals often report relational difficulties within and outside the LGBTQ community, greater social isolation (Garcia et al., 2020), and experiences of loneliness (McDanal et al., 2023), LGBTQ-affirmative adaptations of IPT could lend themselves to being particularly effective psychotherapy approaches for this population. Likewise, because IPT is well-suited to addressing interpersonal challenges resulting from the social roles that one occupies, is assumed to occupy, or transitions to or from, SGM-focused case conceptualizations involving social roles could likely benefit from the principles and techniques provided by IPT for addressing such challenges more generally.

Ideally, the evidence base for LGBTQ-affirmative adaptations to these treatments would proceed with the same careful community consultation, including with both providers and SGM therapy recipients, that characterized LGBTQ-affirmative adaptations to CBT from the start (e.g., Pachankis, 2015; Pan et al., 2021; Scheer et al., 2023). Psychotherapy process research, including review of exemplar sessions by skilled therapists in the community, can help identify potential mechanisms of LGBTQ-affirmative adaptations to these treatments and theoretically compatible techniques for addressing them. Such research has particular promise because it identifies effective markers of change as they occur in the naturalistic treatment settings in which such treatments would ideally be disseminated more widely. Of course, the results of this naturalistic process research can also be distilled into protocolled approaches lending themselves to clinical trials research and therefore tests of their efficacy.

EXPANDING IDENTITY-AFFIRMATIVE PSYCHOTHERAPY RESEARCH TO OTHER POPULATIONS

To date, the largest efficacy trials of LGBTQ-affirmative psychotherapy have been conducted on LGBTQ-affirmative CBT with young gay and bisexual men (Pachankis et al., 2015b; Pachankis, Harkness, Maciejewski, et al., 2022). At the same time, several studies find that LGBTQ-affirmative CBT is effective for gender-diverse sexual minority women (Pachankis, McConocha, et al., 2020), transgender and nonbinary individuals (Austin & Craig, 2019; Lelutiu-Weinberger et al., 2024; Pachankis, McConocha, et al., 2020), SGM youth (Austin et al., 2018; Pachankis, Soulliard, Layland, et al., 2023), and SGM individuals in culturally distinct contexts outside of the U.S. (Diamond et al., 2022; Lucassen et al., 2015; Yi et al., 2024). Although minority stress principles are not restricted to a specific form of identity, and therefore mechanisms should be broadly applicable across the SGM spectrum and contexts outside of the U.S., future research needs to examine the generalizability and boundary conditions of treatment efficacy across subpopulations, including asexual, intersex, trans-masculine individuals, those holding identities affected by intersectional sources of stress and resilience (e.g., SGM people of color), and those living in cultural contexts outside of the U.S.

This research might perhaps find that LGBTQ-affirmative CBT works similarly well for all populations or alternately that specific adaptations are required to increase acceptability and resonance with distinct aspects of experience for any given population subgroup. For instance, when adapting LGBTQ-affirmative CBT to the cultural context of China, specific adaptations were necessary to reflect more collectivistic cultural norms, including normative pressures to conceal one's sexual identity and enter a heterosexual marriage and downplaying the centrality of personal assertiveness (Pan et al., 2021). As another example, community consultation with sexual minority women and their therapists highlighted the relevance of combining minority stress conceptualizations with a feminist framework for addressing gender-based stressors specifically (Scheer et al., 2023). Further, for sexual minority men of color, group-based adaptations have been shown to be particularly relevant for mitigating loneliness and the lack of accurate mirroring that can emerge at the intersections of minoritized racial/ethnic identities and stigmatized sexual identities (Jackson et al., 2022). Such research is consistent with an

emerging body of work that similarly addresses racial identities and associated stressors and strengths using an evidence-based CBT framework specifically for people of color (Metzger et al., 2021). The degree of compatibility, overlap, or potential synergy between treatment approaches that address racial minority stress and SGM stress represents an important direction for study as the mental health field increasingly attends to identity-centered treatments for stigmatized populations. Finally, much of the empirical literature on LGBTQ-affirmative psychotherapy focuses on sexual minority individuals, and to a lesser extent on gender minority individuals (Expósito-Campos et al., 2023). Although the principles of LGBTQ-affirmative CBT as originally developed with and applied to sexual minority individuals have been suggested to apply in a very similar way to the specific needs of transgender and nonbinary individuals in theory (see, for example, the high similarity between the case formulation principles proposed by Coyne et al. (2020) for transgender individuals, with those identified by Pachankis (2014, 2015)), additional research is needed both starting with community consultations with transgender and gender nonbinary individuals to identify any additional needed principles (Hendricks & Testa, 2012) as well as trials that test the efficacy of those distinct principles that might emerge. At the same time, the provision of identity-affirmative CBT to transgender individuals using a similar set of overarching principles as has been applied to sexual minority individuals suggests the general utility of this approach (Austin et al., 2018; Austin & Craig, 2019; Expósito-Campos et al., 2023). To date, mental health treatment research with gender minority individuals has more heavily focused on the provision of gender-affirmative care for youth, and we also refer readers to Huit et al. (2024) for a summary of the state of the science in that area.

COLLECTING EFFECTIVENESS OUTCOMES IN REAL-WORLD SETTINGS

Now that a significant body of research has established the efficacy of LGBTQ-affirmative psychotherapies across populations and outcomes, the time has come to determine if these effects extend to real-world settings and, if not, what factors might explain the drop in efficacy commonly found when transitioning interventions from clinical trials to the real-world (Chambers et al., 2013).

Implementation-effectiveness trials, in particular, are suited to identifying the generalizability of effects established in randomized controlled trials to real-world settings. As applied to LGBTQ-affirmative psychotherapies, such studies could, for example, determine the impact of therapist training in LGBTQ-affirmative CBT on not only therapist outcomes (e.g., treatment fidelity) but also client outcomes (e.g., depression) as well as hypothesized mediating processes on therapist outcomes (e.g., therapist self-efficacy for delivering LGBTQ-affirmative CBT) and client outcomes (e.g., internalized stigma). Implementation-effectiveness research in real-world settings can also identify what adaptations therapists naturally make to the treatment to respond to factors such as specific needs of a given client or contextual factors such as limited resources, and whether such adaptations can and should be formalized in future dissemination of the treatment. This research can also identify solutions to delivering evidence-based care in contexts of limited treatment resources. For instance, in such settings, perhaps more resource-intensive delivery modalities, such as in-person LGBTQ-affirmative CBT, are reserved for clients who do not respond to a more efficient, asynchronously delivered version of the treatment delivered as a first step, or are perhaps reserved for clients with more acute presenting concerns, whereas group-based and/or online versions of the treatment are delivered as a first approach to individuals with less acute presentations.

Finally, implementation-effectiveness research can identify contextual determinants of low evidence-based practice penetration–that is, contexts in which therapists who are trained in delivering LGBTQ-affirmative approaches nonetheless do not utilize these approaches. Identifying reasons for therapist reticence as well as situational barriers to delivery can guide future training in, and adaptation of, LGBTQ-affirmative psychotherapies, for example, by specifically addressing therapist concerns or demonstrating how LGBTQ-affirmative approaches can be integrated with perhaps more popular approaches in a given setting.

IDENTIFYING PRESENTING CONCERNS FOR WHICH IDENTITY-AFFIRMING PSYCHOTHERAPIES ARE INDICATED

Although the mental health field has generally assumed that identity-specific adaptations of psychotherapies are necessary and appropriate (Hwang, 2011; Koç & Kafa, 2019), with LGBTQ-affirmative adaptations of CBT leading the way (Craig et al., 2021; Pachankis et al., 2015a), it remains arguably an open question of whether identity-focused treatment adaptations are always needed, and as reviewed above, how such adaptations should happen if so (Pachankis,

2018). Indeed, several studies show that SGM individuals derive comparable benefit from general psychotherapies as heterosexual and cisgender individuals (Beard et al., 2017; Chang et al., 2023). For instance, in a study of 441 participants in a partial outpatient program, sexual minority and heterosexual individuals benefitted equally from standard CBT and DBT treatments, except for bisexual individuals who had higher levels of self-injury and suicidal thoughts and worse perception of care at posttreatment than the other identity groups (Beard et al., 2017). Another recent study found no differences in outcomes such as suicide attempts, general functioning, and treatment dropout from DBT delivered in research and community settings when comparing sexual minority and heterosexual individuals (Chang et al., 2023). Collectively, this research suggests that perhaps general, nonadapted psychotherapies operate sufficiently regardless of sexual and gender identity and that identity-focused adaptations are not always needed or are only indicated for certain presenting concerns. In fact, principles of LGBTQ-affirmative psychotherapy established by the American Psychological Association suggest that focusing on a client's sexual or gender identity when such a focus is not warranted by the client's presenting concerns would represent distinctly nonaffirmative practice (American Psychological Association, 2021). Future research therefore needs to continue investigating whether and under what conditions identity-focused treatments, such as LGBTQ-affirmative CBT, are warranted. Perhaps the strongest test of this question would be a comparative efficacy study of LGBTQ-affirmative psychotherapy, such as LGBTQ-affirmative CBT, versus a nonadapted version of the same psychotherapy, such as general CBT. However, several challenges exist to conducting such research, including prodigious sample size requirements when comparing two active treatments.

INTEGRATING LGBTQ-AFFIRMATIVE PSYCHOTHERAPY WITHIN STRUCTURAL INTERVENTIONS

An affirmative approach to SGM mental health recognizes that the source of SGM individuals' disproportionate experience of adverse mental health lies not within personal pathology, or even minority stress reactions, but rather within structural burdens placed upon the stigmatized (Hatzenbuehler & Pachankis, 2016). For instance, anti-LGBTQ laws and policies are closely associated with SGM people's experiences of depression, suicidality, and general well-being (Bränström & Pachankis, 2021). Rejection, nonacceptance, and victimization within schools, workplaces, and religious settings are likewise associated with poor mental health, such as depression and anxiety (Lefevor et al., 2021; van der Star et al., 2021). Even closer to home, SGM individuals are disproportionately likely to experience rejection from their own families and bullying from peers, with adverse mental health consequences (la Roi et al., 2016; Pachankis et al., 2022). Interventions that encourage support and acceptance of SGM individuals across these institutions and settings appropriately place the onus for change on the ultimate sources of the sizeable mental health disparities affecting this population. At the same time, as long as this systemic, structural disadvantage exists, interventions such as identity-affirming psychotherapies that reduce the downstream processes through which these institutions affect mental health are also justified. Notably, recent research suggests that the efficacy of these downstream interventions might be shaped by the very upstream structural factors whose mental health harms they seek to remedy. For instance, meta-analytic research finds that mental health interventions delivered to samples of majority-Black youth are less efficacious in U.S. states with greater levels of anti-Black racism (Price et al., 2022). Whether structural stigma similarly impacts the efficacy of LGBTQ-affirming psychotherapies remains an important topic for future study. At the same time, downstream interventions like psychotherapy might also affect upstream improvements in structural conditions to the extent that such interventions promote SGM visibility and thriving (Cook et al., 2014), an important question for future research. Whether the delivery of LGBTQ-affirmative psychotherapy within settings marked by structural stigma can enhance the structural climate of those settings also remains an open question.

Conclusion

SGM individuals experience significantly more mental health problems than heterosexual and cisgender individuals. LGBTQ-affirmative psychotherapy addresses this disparity by targeting characteristic psychological adaptations stemming from early and ongoing minority stress. LGBTQ-affirmative psychotherapy is effective in addressing mental health problems for a variety of SGM populations, across delivery modalities, and in diverse geographic and cultural contexts. To maximize treatment outcomes and expand the reach of LGBTQ-affirmative psychotherapy, the mental health field now needs to understand how this therapy works (i.e., treatment mechanisms) and for whom it works best (i.e., treatment modera-

tors), test if adaptations to current protocols are needed based on these findings, and identify barriers and facilitators of effective implementation across settings. Given the field's current predominant emphasis on CBT and the conceptual fit of other evidence-based treatment modalities to mental health mechanisms often experienced by SGM (e.g., emotion suppression, interpersonal role conflicts), empirical evidence of LGBTQ-affirmative extensions of other therapeutic orientations is now needed to ensure the full potential reach of LGBTQ-affirmative psychotherapy. The mental health field has moved far from the days of pathologizing assumptions, discourse, and treatments to now possessing increasingly rigorous evidence for the efficacy of LGBTQ-affirmative psychotherapies. The field's continued investment in such research and implementation will continue to ensure this forward progress and the equal thriving of all SGM clients who seek professional support.

References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425596.

American Psychological Association (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832–864. https://doi.org/10.1037/a0039906.

American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons (2021). *Guidelines for psychological practice with sexual minority persons*. Retrieved from https://www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf.

Antoni, M. H., Carrico, A. W., Durán, R. E., Spitzer, S., Penedo, F., Ironson, G., Fletcher, M. A., Klimas, N., & Schneiderman, N. (2006). Randomized clinical trial of cognitive behavioral stress management on human immunodeficiency virus viral load in gay men treated with highly active antiretroviral therapy. *Psychosomatic Medicine, 68*(1), 143–151. https://doi.org/10.1097/01.psy.0000195749.60049.63.

Austin, A., & Craig, S. L. (2019). Transgender affirmative cognitive–behavioral therapy. In J. E. Pachankis, S. A. Safren, J. E. Pachankis, & S. A. Safren (Eds.), *Handbook of evidence-based mental health practice with sexual and gender minorities*. https://doi.org/10.1093/med-psych/9780190669300.003.0004.

Austin, A., Craig, S. L., & D'Souza, S. A. (2018). An AFFIRMative cognitive behavioral intervention for transgender youth: Preliminary effectiveness. *Professional Psychology: Research and Practice, 49*(1), 1–8. https://doi.org/10.1037/pro0000154.

Balsam, K. F., Martell, C. R., & Safren, S. A. (2006). Affirmative cognitive-behavioral therapy with lesbian, gay, and bisexual people. In *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision* (pp. 223–243). American Psychological Association. https://doi.org/10.1037/11433-010.

Barlow, D. H., & Agras, W. S. (1973). Fading to increase heterosexual responsiveness in homosexuals. *Journal of Applied Behavior Analysis, 6*(3), 355–366. https://doi.org/10.1901/jaba.1973.6-355.

Barlow, D. H., Farchione, T. J., Bullis, J. R., Gallagher, M. W., Murray-Latin, H., Sauer-Zavala, S., ... Cassiello-Robbins, C. (2017). The unified protocol for transdiagnostic treatment of emotional disorders compared with diagnosis-specific protocols for anxiety disorders: A randomized clinical trial. *JAMA psychiatry, 74*(9), 875–884.

Bauermeister, J., Choi, S. K., Bruehlman-Senecal, E., Golinkoff, J., Taboada, A., Lavra, J., Ramazzini, L., Dillon, F., & Haritatos, J. (2022). An identity-affirming web application to help sexual and gender minority youth cope with minority stress: Pilot randomized controlled trial. *Journal of Medical Internet Research, 24*(8), e39094. https://doi.org/10.2196/39094.

Beard, C., Kirakosian, N., Silverman, A. L., Winer, J. P., Wadsworth, L. P., & Björgvinsson, T. (2017). Comparing treatment response between LGBQ and heterosexual individuals attending a CBT- and DBT-skills-based partial hospital. *Journal of Consulting and Clinical Psychology, 85*(12), 1171–1181. https://doi.org/10.1037/ccp0000251.

Beyrer, C., Baral, S. D., van Griensven, F., Goodreau, S. M., Chariyalertsak, S., Wirtz, A. L., & Brookmeyer, R. (2012). Global epidemiology of HIV infection in men who have sex with men. *The Lancet, 380*(9839), 367–377. https://doi.org/10.1016/S0140-6736(12)60821-6.

Bieber, I., Dain, H. J., Dince, P. R., Drellich, M. G., Grand, H. G., Grundlach, R. H., Kremer, M. W., Rifkin, A. H., Wilbur, C. B., & Bieber, T. B. (1962). Homosexuality: A psychoanalytic study. *Basic Books*. https://doi.org/10.1037/11179-000.

Bränström, R., Fellman, D., & Pachankis, J. E. (2022). Age-varying sexual orientation disparities in mental health, treatment utilization, and social stress: A population-based study. *Psychology of Sexual Orientation and Gender Diversity*. https://doi.org/10.1177/08862605221108087.

Bränström, R., Hatzenbuehler, M. L., Lattanner, M. R., Hollinsaid, N. L., McDade, T. W., & Pachankis, J. E. (2024). *Threats to social safety and neuro-inflammatory mechanisms underlying sexual orientation disparities in depression symptom severity: A prospective cohort study of young adults* Unpublished manuscript. Solna, Sweden: Karolinksa Institute.

Bränström, R., & Pachankis, J. E. (2021). Country-level structural stigma, identity concealment, and day-to-day discrimination as determinants of transgender people's life satisfaction. *Social Psychiatry and Psychiatric Epidemiology, 56*(9), 1537–1545. https://doi.org/10.1007/s00127-021-02036-6.

Bränström, R., Pachankis, J. E., Jin, F., Klein, D. N., & Hatzenbuehler, M. L. (in press). Self-schemas and information processing biases as mechanisms underlying sexual orientation disparities in depressive symptoms: Results from a longitudinal, population-based study. *Journal of Psychopathology and Clinical Science*.

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.

Burger, J. (2023). *The Future of Case Formulation: Advances in Network Modeling and Simulation-based Science*. University of Groningen.

Burger, J., Wang, K., Hollinsaid, N. L., Safren, S. A., & Pachankis, J. E. (2024). *Toward a mechanistic understanding of LGBTQ-affirmative CBT: Testing treatment*

mediators in a sample of young adult gay and bisexual men (manuscript in preparation).

Cardona, N. D., Madigan, R. J., & Sauer-Zavala, S. (2022). How minority stress becomes traumatic invalidation: An emotion-focused conceptualization of minority stress in sexual and gender minority people. *Clinical Psychology: Science and Practice, 29*(2), 185–195. https://doi.org/10.1037/cps0000054.

Chambers, D. A., Glasgow, R. E., & Stange, K. C. (2013). The dynamic sustainability framework: Addressing the paradox of sustainment amid ongoing change. *Implementation Science, 8*(1), 117. https://doi.org/10.1186/1748-5908-8-117.

Chang, C. J., Halvorson, M. A., Lehavot, K., Simpson, T. L., & Harned, M. S. (2023). Sexual identity and race/ethnicity as predictors of treatment outcome and retention in dialectical behavior therapy. *Journal of Consulting and Clinical Psychology, 91*(10), 614–621. https://doi.org/10.1037/ccp0000826.

Chaudoir, S. R., Behari, K., Williams, S. L., & Pachankis, J. E. (2023). Why do brief online writing interventions improve health? Examining mediators of expressive writing and self-affirmation intervention efficacy among sexual minority emerging adults. *Psychology of Sexual Orientation and Gender Diversity, 10*(1), 103–116. https://doi.org/10.1037/sgd0000507.

Cochran, S. D., & Mays, V. M. (2000a). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III. *American Journal of Public Health, 90*(4), 573–578. https://doi.org/10.2105/ajph.90.4.573.

Cochran, S. D., & Mays, V. M. (2000b). Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology, 151*(5), 516–523.

Cohen, J. M., Norona, J. C., Yadavia, J. E., & Borsari, B. (2021). Affirmative dialectical behavior therapy skills training with sexual minority veterans. *Cognitive and Behavioral Practice, 28*(1), 77–91. https://doi.org/10.1016/j.cbpra.2020.05.008.

Comer, J. S. (2024). State of the science in behavior therapy: Taking stock and looking forward. *Behavior Therapy*, *55*(6), 1101–1113.

Comer, J.S., Georgiadis, C., Schmarder, K., Chen, D., Coyne, C.A., Gudiño, O., Kazantzis, N., Langer, D.A., LeBeau, R. T., Liu, R.T., McLean, C., Sloan, D., Williams, M., & Pachankis, J. (2024). Reckoning with our past and righting our future: Report from the Behavior Therapy Task Force on Sexual Orientation and Gender Identity/Expression Change Efforts (SOGIECEs). *Behavior Therapy*, 15(4), 649–679. https://doi.org/10.1016/j.beth.2024.05.006.

Cook, J. E., Purdie-Vaughns, V., Meyer, I. H., & Busch, J. T. A. (2014). Intervening within and across levels: A multilevel approach to stigma and public health. *Social Science & Medicine, 1982*(103), 101–109. https://doi.org/10.1016/j.socscimed.2013.09.023.

Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. (2020). Evidence-based psychological practice for transgender and non-binary youth: defining the need, framework for treatment adaptation, and future directions. *Evidence-Based Practice in Child and Adolescent Mental Health, 5*(3), 340–353. https://doi.org/10.1080/23794925.2020.1765433.

Craig, S. L., & Austin, A. (2016). The AFFIRM open pilot feasibility study: A brief affirmative cognitive behavioral coping skills group intervention for sexual and gender minority youth. *Children and Youth Services Review, 64*, 136–144. https://doi.org/10.1016/j.childyouth.2016.02.022.

Craig, S. L., Eaton, A. D., Leung, V. W. Y., Iacono, G., Pang, N., Dillon, F., Austin, A., Pascoe, R., & Dobinson, C. (2021). Efficacy of affirmative cognitive behavioural group therapy for sexual and gender minority adolescents and young adults in community settings in Ontario, Canada. *BMC Psychology, 9*(1), 94. https://doi.org/10.1186/s40359-021-00595-6.

D'Augelli, A. R. (1989). Lesbians' and gay men's experiences of discrimination and harassment in a university community. *American Journal of Community Psychology, 17*(3), 317–321. https://doi.org/10.1007/BF00931039.

Diamond, G. M., Boruchovitz-Zamir, R., Nir-Gotlieb, O., Gat, I., Bar-Kalifa, E., Fitoussi, P., & Katz, S. (2022). Attachment-based family therapy for sexual and gender minority young adults and their nonaccepting parents. *Family Process, 61*(2), 530–548. https://doi.org/10.1111/famp.12770.

Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2012). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. *Psychotherapy, 49*(1), 62–71. https://doi.org/10.1037/a0026247.

Diamond, L. M., & Alley, J. (2022). Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse populations. *Neuroscience & Biobehavioral Reviews, 138*, 104720. https://doi.org/10.1016/j.neubiorev.2022.104720.

Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences, 5*(4), 565–575. https://doi.org/10.3390/bs5040565.

Expósito-Campos, P., Pérez-Fernández, J. I., & Salaberria, K. (2023). Empirically supported affirmative psychological interventions for transgender and non-binary youth and adults: A systematic review. *Clinical Psychology Review, 100*, 102229. https://doi.org/10.1016/j.cpr.2022.102229.

Fergusson, D. M., Horwood, L. J., & Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56*(10), 876. https://doi.org/10.1001/archpsyc.56.10.876.

Fergusson, D. M., Horwood, L. J., Ridder, E. M., & Beautrais, A. L. (2005). Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine, 35*(7), 971–981. https://doi.org/10.1017/S0033291704004222.

Fish, J. N., King-Marshall, E. C., Williams, N. D., Aparicio, E. M., Tralka, H. M., & Boekeloo, B. O. (2022). What motivates community mental and behavioral health organizations to participate in LGBTQ+ cultural competency trainings? *American Journal of Orthopsychiatry, 92*(6), 647–656. https://doi.org/10.1037/ort0000641.

Fosha, D., & Yeung, D. (2006). Accelerated experiential-dynamic psychotherapy: The seamless integration of emotional transformation and dyadic relatedness at work. In *A casebook of psychotherapy integration* (pp. 165–184). American Psychological Association. https://doi.org/10.1037/11436-013.

Garcia, J., Vargas, N., Clark, J. L., Magaña Álvarez, M., Nelons, D. A., & Parker, R. G. (2020). Social isolation and connectedness as determinants of well-being: Global evidence mapping focused on LGBTQ youth. *Global Public Health, 15*(4), 497–519. https://doi.org/10.1080/17441692.2019.1682028.

Garofalo, R., Wolf, R. C., Wissow, L. S., Woods, E. R., & Goodman, E. (1999). Sexual orientation and risk of suicide

attempts among a representative sample of youth. *Archives of Pediatrics & Adolescent Medicine, 153*(5), 487–493. https://doi.org/10.1001/archpedi.153.5.487.

Glassgold, J. M. (2009). The case of Felix: An example of gay-affirmative, cognitive-behavioral therapy. *Pragmatic Case Studies in Psychotherapy, 5*(4), 1–21. https://doi.org/10.14713/pcsp.v5i4.995.

Goldbach, J. T., Rhoades, H., Mamey, M. R., Senese, J., Karys, P., & Marsiglia, F. F. (2021). Reducing behavioral health symptoms by addressing minority stressors in LGBTQ adolescents: A randomized controlled trial of Proud & Empowered. *BMC Public Health, 21*(1), 2315. https://doi.org/10.1186/s12889-021-12357-5.

Green, R. (1972). Homosexuality as a mental illness. *International Journal of Psychiatry, 10*(1), 77–98.

Greenberg, L. S. (2004). Emotion–focused therapy. *Clinical Psychology & Psychotherapy, 11*(1), 3–16. https://doi.org/10.1002/cpp.388.

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin, 135*(5), 707–730. https://doi.org/10.1037/a0016441.

Hatzenbuehler, M. L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority stress predictors of HIV risk behavior, substance use, and depressive symptoms: Results from a prospective study of bereaved gay men. *Health Psychology, 27*(4), 455–462. https://doi.org/10.1037/0278-6133.27.4.455.

Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth. *Pediatric Clinics of North America, 63*(6), 985–997. https://doi.org/10.1016/j.pcl.2016.07.003.

Hatzenbuehler, M. L., & Pachankis, J. E. (2021). Does stigma moderate the efficacy of mental- and behavioral-health interventions? Examining individual and contextual sources of treatment-effect heterogeneity. *Current Directions in Psychological Science, 30*(6), 476–484. https://doi.org/10.1177/09637214211043884.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice, 43*(5), 460–467. https://doi.org/10.1037/a0029597.

Herman, S. H., Barlow, D. H., & Agras, W. S. (1974). An experimental analysis of classical conditioning as a method of increasing heterosexual arousal in homosexuals. *Behavior Therapy, 5*(1), 33–47. https://doi.org/10.1016/S0005-7894(74)80084-5.

Hollinsaid, N. L., Pachankis, J. E., Bränström, R., & Hatzenbuehler, M. L. (2023). Hypervigilance: An understudied mediator of the longitudinal relationship between stigma and internalizing psychopathology among sexual-minority young adults. *Clinical Psychological Science*. https://doi.org/10.1177/21677026231159050.

Hooker, E. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques, 21*(1), 18–31. https://doi.org/10.1080/08853126.1957.10380742.

Huit, T. Z., Coyne, C. A., & Chen, D. (2024). State of the Science: Gender-affirming care for transgender and gender diverse youth. *Behavior Therapy*, *55*(6), 1335–1347. https://doi.org/10.1016/j.beth.2024.02.010.

Hwang, W.-C. (2011). Cultural adaptations: A complex interplay between clinical and cultural issues. *Clinical Psychology, 18*(3), 238–241. https://doi.org/10.1111/j.1468-2850.2011.01255.x.

Jackson, S. D., Wagner, K. R., Yepes, M., Harvey, T. D., Higginbottom, J., & Pachankis, J. E. (2022). A pilot test of a treatment to address intersectional stigma, mental health, and HIV risk among gay and bisexual men of color. *Psychotherapy (Chicago, Ill.), 59*(1), 96–112. https://doi.org/10.1037/pst0000417.

Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families* (pp. x, 278). The Guilford Press. https://doi.org/10.4324/9781351168366.

Kaysen, D., Lostutter, T. W., & Goines, M. A. (2005). Cognitive processing therapy for acute stress disorder resulting from an anti-gay assault. *Cognitive and Behavioral Practice, 12*(3), 278–289. https://doi.org/10.1016/S1077-7229(05)80050-1.

Keefe, J. R., Rodriguez-Seijas, C., Jackson, S. D., Bränström, R., Harkness, A., Safren, S. A., Hatzenbuehler, M. L., & Pachankis, J. E. (2023). Moderators of LGBQ-affirmative cognitive behavioral therapy: ESTEEM is especially effective among Black and Latino sexual minority men. *Journal of Consulting and Clinical Psychology, 91*(3), 150–164. https://doi.org/10.1037/ccp0000799.

Koç, V., & Kafa, G. (2019). Cross-cultural research on psychotherapy: The need for a change. *Journal of Cross-Cultural Psychology, 50*(1), 100–115. https://doi.org/10.1177/0022022118806577.

la Roi, C., Kretschmer, T., Dijkstra, J. K., Veenstra, R., & Oldehinkel, A. J. (2016). Disparities in depressive symptoms between heterosexual and lesbian, gay, and bisexual youth in a Dutch cohort: The TRAILS study. *Journal of Youth and Adolescence, 45*(3), 440–456. https://doi.org/10.1007/s10964-015-0403-0.

Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., & Janis, R. A. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. *Journal of Counseling Psychology, 66*(4), 385–395. https://doi.org/10.1037/cou0000339.

Lefevor, G. T., Davis, E. B., Paiz, J. Y., & Smack, A. C. P. (2021). The relationship between religiousness and health among sexual minorities: A meta-analysis. *Psychological Bulletin, 147*(7), 647–666. https://doi.org/10.1037/bul0000321.

Lelutiu-Weinberger, C., Clark, K. A., & Pachankis, J. E. (2022). Mental health provider training to improve LGBTQ competence and reduce implicit and explicit bias: A randomized controlled trial of online and in-person delivery. *Psychology of Sexual Orientation and Gender Diversity*. https://doi.org/10.1037/sgd0000560.

Lelutiu-Weinberger, C., Filimon, M., Chiaramonte, D., Leonard, S., Dogaru, B., Braila, P., Ichim, S., Pana, E., Pruneau, C., & Pachankis, J. E. (2024). *A pilot trial of affirming cognitive-behavioral therapy for transgender and gender expansive individuals' mental, behavioral, and sexual health* Unpublished manuscript. New York, NY: Columbia University.

Lucassen, M. F. G., Merry, S. N., Hatcher, S., & Frampton, C. M. A. (2015). Rainbow SPARX: A novel approach to addressing depression in sexual minority youth. *Cognitive and Behavioral Practice, 22*(2), 203–216. https://doi.org/10.1016/j.cbpra.2013.12.008.

MacCulloch, M. J., & Feldman, M. P. (1967). Aversion therapy in management of 43 homosexuals. *British Medical Journal, 2*(5552), 594–597.

Maiolatesi, A. J., Wang, K., Burton, C. L., Harkness, A., Esserman, D. A., Safren, S. A., & Pachankis, J. E. (2023). Rejection sensitivity and sexual minority men's social anxiety disorder: The moderating role of sexual identity

strength. *Self and Identity, 22*(4), 563–591. https://doi.org/10.1080/15298868.2022.2125062.

Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., Bukstein, O. G., & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: A meta-analysis and methodological review. *Addiction (Abingdon, England), 103*(4), 546–556. https://doi.org/10.1111/j.1360-0443.2008.02149.x.

Martell, C. R., Safren, S. A., & Prince, S. E. (2004). *Cognitive-behavioral therapies with lesbian, gay, and bisexual clients* (pp. xxii, 263–). Guilford Press.

Martos, A. J., Wilson, P. A., & Meyer, I. H. (2017). Lesbian, gay, bisexual, and transgender (LGBT) health services in the United States: Origins, evolution, and contemporary landscape. *PLOS ONE, 12*(7), e0180544.

McDanal, R., Schleider, J. L., Fox, K. R., & Eaton, N. R. (2023). Loneliness in gender-diverse and sexual orientation-diverse adolescents: Measurement invariance analyses and between-group comparisons. *Assessment, 30*(3), 706–727. https://doi.org/10.1177/10731911211065167.

McKirnan, D. J., & Peterson, P. L. (1988). Stress, expectancies, and vulnerability to substance abuse: A test of a model among homosexual men. *Journal of Abnormal Psychology, 97*(4), 461–466. https://doi.org/10.1037//0021-843x.97.4.461.

McLachlan, C., Nel, J. A., Pillay, S. R., & Victor, C. J. (2019). The Psychological Society of South Africa's guidelines for psychology professionals working with sexually and gender-diverse people: Towards inclusive and affirmative practice. *South African Journal of Psychology, 49*(3), 314–324. https://doi.org/10.1177/0081246319853423.

Medley, B. (2021). Recovering the true self: Affirmative therapy, attachment, and AEDP in psychotherapy with gay men. *Journal of Psychotherapy Integration, 31*(4), 383–402. https://doi.org/10.1037/int0000132.

Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child Maltreatment, 26*(1), 17–27. https://doi.org/10.1177/1077559520921457.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*(1), 38–56. https://doi.org/10.2307/2137286.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674.

Millar, B. M., Wang, K., & Pachankis, J. E. (2016). The moderating role of internalized homonegativity on the efficacy of LGB-affirmative psychotherapy: Results from a randomized controlled trial with young adult gay and bisexual men. *Journal of Consulting and Clinical Psychology, 84*(7), 565–570. https://doi.org/10.1037/ccp0000113.

Moras, K. (1993). The use of treatment manuals to train psychotherapists: Observations and recommendations. *Psychotherapy: Theory, Research, Practice, Training, 30*(4), 581–586. https://doi.org/10.1037/0033-3204.30.4.581.

Pachankis, J. E. (2014). Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. *Clinical Psychology: A Publication of the Division of Clinical Psychology of the American Psychological Association, 21*(4), 313–330. https://doi.org/10.1111/cpsp.12078.

Pachankis, J. E. (2015). A transdiagnostic minority stress treatment approach for gay and bisexual men's syndemic health conditions. *Archives of Sexual Behavior, 44*(7), 1843–1860. https://doi.org/10.1007/s10508-015-0480-x.

Pachankis, J. E. (2018). The scientific pursuit of sexual and gender minority mental health treatments: Toward evidence-based affirmative practice. *The American Psychologist, 73*(9), 1207–1219. https://doi.org/10.1037/amp0000357.

Pachankis, J. E., Chiaramonte, D., Scheer, J. R., Ankrum, H., Eisenstadt, B. E., Hobbs, R., Baldwin, H., Kidd, J., Witkiewitz, K., Esserman, D., Plourde, K., Drabble, L., & Hughes, T. (2024). *A randomized controlled trial of LGBTQ-affirmative cognitive-behavioral therapy for sexual minority women's minority stress, mental health and hazardous drinking: Project EQuIP protocol* Unpublished manuscript. New Haven, CT: Yale University.

Pachankis, J. E., Clark, K. A., Jackson, S. D., Pereira, K., & Levine, D. (2021). Current capacity and future implementation of mental health services in U.S. LGBTQ Community Centers. *Psychiatric Services (Washington, D.C.), 72*(6), 669–676. https://doi.org/10.1176/appi.ps.202000575.

Pachankis, J. E., Clark, K. A., Klein, D. N., & Dougherty, L. R. (2022). Early timing and determinants of the sexual orientation disparity in internalizing psychopathology: A prospective cohort study from ages 3 to 15. *Journal of Youth and Adolescence, 51*(3), 458–470. https://doi.org/10.1007/s10964-021-01532-x.

Pachankis, J. E., Harkness, A., Jackson, S., Safren, S. A., Pachankis, J. E., Harkness, A., Jackson, S., & Safren, S. A. (2022a). *Transdiagnostic LGBTQ-affirmative cognitive-behavioral therapy: Therapist guide*. Oxford University Press.

Pachankis, J. E., Harkness, A., Jackson, S., Safren, S. A., Pachankis, J. E., Harkness, A., Jackson, S., & Safren, S. A. (2022b). *Transdiagnostic LGBTQ-affirmative cognitive-behavioral therapy: Workbook*. Oxford University Press.

Pachankis, J. E., Harkness, A., Maciejewski, K. R., Behari, K., Clark, K. A., McConocha, E., Winston, R., Adeyinka, O., Reynolds, J., Bränström, R., Esserman, D. A., Hatzenbuehler, M. L., & Safren, S. A. (2022). LGBQ-affirmative cognitive-behavioral therapy for young gay and bisexual men's mental and sexual health: A three-arm randomized controlled trial. *Journal of Consulting and Clinical Psychology, 90*(6), 459–477. https://doi.org/10.1037/ccp0000724.

Pachankis, J. E., Hatzenbuehler, M. L., Klein, D. N., & Bränström, R. (2023). The role of shame in the sexual-orientation disparity in mental health: A prospective population-based study of multimodal emotional reactions to stigma. *Clinical Psychological Science*. https://doi.org/10.1177/21677026231177714.

Pachankis, J. E., Hatzenbuehler, M. L., Rendina, H. J., Safren, S. A., & Parsons, J. T. (2015a). LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of Consulting and Clinical Psychology, 83*(5), 875–889. https://doi.org/10.1037/ccp0000037.

Pachankis, J. E., Hatzenbuehler, M. L., Rendina, H. J., Safren, S. A., & Parsons, J. T. (2015b). LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of Consulting and Clinical Psychology, 83*, 875–889. https://doi.org/10.1037/ccp0000037.

Pachankis, J. E., McConocha, E. M., Clark, K. A., Wang, K., Behari, K., Fetzner, B. K., Brisbin, C. D., Scheer, J. R., & Lehavot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 88*(7), 613–630. https://doi.org/10.1037/ccp0000508.

Pachankis, J. E., Soulliard, Z. A., Layland, E. K., Behari, K., Seager van Dyk, I., Eisenstadt, B. E., Chiaramonte, D., Ljótsson, B., Särnholm, J., & Bjureberg, J. (2023). Guided LGBTQ-affirmative internet cognitive-behavioral therapy for sexual minority youth's mental health: A randomized controlled trial of a minority stress treatment approach. *Behaviour Research and Therapy, 169*, 104403. https://doi.org/10.1016/j.brat.2023.104403.

Pachankis, J. E., Soulliard, Z. A., Morris, F., & Seager van Dyk, I. (2023). A model for adapting evidence-based interventions to be LGBQ-affirmative: Putting minority stress principles and case conceptualization into clinical research and practice. *Cognitive and Behavioral Practice, 30*(1), 1–17. https://doi.org/10.1016/j.cbpra. 2021.11.005.

Pachankis, J. E., Soulliard, Z. A., Seager van Dyk, I., Layland, E. K., Clark, K. A., Levine, D. S., & Jackson, S. D. (2022). Training in LGBTQ-affirmative cognitive behavioral therapy: A randomized controlled trial across LGBTQ community centers. *Journal of Consulting and Clinical Psychology, 90*(7), 582–599. https://doi.org/10.1037/ccp0000745.

Pachankis, J. E., Williams, S. L., Behari, K., Job, S., McConocha, E. M., & Chaudoir, S. R. (2020). Brief online interventions for LGBTQ young adult mental and behavioral health: A randomized controlled trial in a high-stigma, low-resource context. *Journal of Consulting and Clinical Psychology, 88*(5), 429–444. https://doi.org/10.1037/ccp0000497.

Pan, S., Sun, S., Li, X., Chen, J., Xiong, Y., He, Y., & Pachankis, J. E. (2021). A pilot cultural adaptation of LGB-affirmative CBT for young Chinese sexual minority men's mental and sexual health. *Psychotherapy, 58*(1), 12–24. https://doi.org/10.1037/pst0000318.

Peplau, L. A. (1982). Research on homosexual couples: An overview. *Journal of Homosexuality, 8*(2), 3–8. https://doi.org/10.1300/J082v08n02_02.

Price, M. A., Weisz, J. R., McKetta, S., Hollinsaid, N. L., Lattanner, M. R., Reid, A. E., & Hatzenbuehler, M. L. (2022). Meta-analysis: Are psychotherapies less effective for Black youth in communities with higher levels of anti-Black racism? *Journal of the American Academy of Child and Adolescent Psychiatry, 61*(6), 754–763. https://doi.org/10.1016/j.jaac.2021.07.808.

Rosario, M. (2023). Development of lesbian/gay, bisexual, and other sexual minority individuals: The closet and disclosure as a window into the issue. *Archives of Sexual Behavior, 52*(5), 1923–1929. https://doi.org/10.1007/s10508-022-02516-z.

Safren, S. A., & Rogers, T. (2001). Cognitive–behavioral therapy with gay, lesbian, and bisexual clients. *Journal of Clinical Psychology, 57*(5), 629–643. https://doi.org/10.1002/jclp.1033.

Scheer, J. R., Kirsty, A. C., McConocha, E., Wang, K., & Pachankis, J. E. (2023). Toward cognitive-behavioral therapy for sexual minority women: Voices from stakeholders and community members. *Cognitive and Behavioral Practice, 30*(3), 471–494. https://doi.org/10.1016/j.cbpra.2022.02.019.

Sevelius, J. M. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles, 68*(11–12), 675–689. https://doi.org/10.1007/s11199-012-0216-5.

Shen, J., Rubin, A., Cohen, K., Hart, E. A., Sung, J., McDanal, R., Roulston, C., Sotomayor, I., Fox, K. R., & Schleider, J. L. (2023). Randomized evaluation of an online single-session intervention for minority stress in LGBTQ+ adolescents. *Internet Interventions, 33*, 100633. https://doi.org/10.1016/j.invent.2023.100633.

Sholomskas, D. E., Syracuse-Siewert, G., Rounsaville, B. J., Ball, S. A., Nuro, K. F., & Carroll, K. M. (2005). We don't train in vain: A dissemination trial of three strategies of training clinicians in cognitive–behavioral therapy. *Journal of Consulting and Clinical Psychology, 73*(1), 106–115. https://doi.org/10.1037/0022-006X.73.1.106.

Silverstein, C. (2009). The implications of removing homosexuality from the DSM as a mental disorder. *Archives of Sexual Behavior, 38*(2), 161–163. https://doi.org/10.1007/s10508-008-9442-x.

Skerven, K., Whicker, D. R., & LeMaire, K. L. (2019). Applying dialectical behaviour therapy to structural and internalized stigma with LGBTQ+ clients. *The Cognitive Behaviour Therapist, 12*, e9.

Socarides, C. W. (1977). *Homosexuality*. Adam Margrave Books.

Staples, J. (2023). Exposure therapy with a first-generation, Latino transgender man: A dialectical behavior and feminist therapy framework. *Women & Therapy, 46*(2), 152–170. https://doi.org/10.1080/02703149.2023.2226016.

Thompson, N. L., McCandless, B. R., & Strickland, B. R. (1971). Personal adjustment of male and female homosexuals and heterosexuals. *Journal of Abnormal Psychology, 78*(2), 237–240. https://doi.org/10.1037/h0031990.

van der Star, A., Pachankis, J. E., & Bränström, R. (2021). Country-level structural stigma, school-based and adulthood victimization, and life satisfaction among sexual minority adults: A life course approach. *Journal of Youth and Adolescence, 50*(1), 189–201. https://doi.org/10.1007/s10964-020-01340-9.

Walsh, K., & Hope, D. A. (2010). LGB-affirmative cognitive behavioral treatment for social anxiety: A case study applying evidence-based practice principles. *Cognitive and Behavioral Practice, 17*(1), 56–65. https://doi.org/10.1016/j.cbpra.2009.04.007.

Wilson, S. M., Mulcahy, A. C., Lange, T. M., Eldridge, M. R., Weidenbacher, H. J., Jackson, G. L., Gierisch, J. M., Crowley, M. J., Calhoun, P. S., & Hilgeman, M. M. (2023). Rolling out PRIDE in all who served: Barriers and facilitators for sites implementing an LGBTQ+ health education group for military veterans. *Journal of General Internal Medicine, 38*(Suppl 3), 849–856. https://doi.org/10.1007/s11606-023-08204-5.

Yi, M., Li, X., Chiaramonte, D., Sun, S., Pan, S., Eisenstadt, B. E., Ljótsson, B., Hagaman, A., & Pachankis, J. E. (2024). *Guided internet-based LGBTQ-affirmative cognitive-behavioral therapy: A randomized controlled trial among sexual minority men in China* Unpublished manuscript, Yale University.

Received: December 12, 2023
Accepted: February 29, 2024
Available online: 6 March 2024