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Enhancing Psychotherapists' Intercultural Competence: Identifying Key Educational Elements and Methods through Expert Consensus

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Erasmus Mundus Master in the Psychology of Global Mobility, Inclusion and Diversity in Society

Supervisor: Dr. Carla Marina de Matos Moleiro, Associate Professor, Iscte – Instituto Universitário de Lisboa

June, 2026

CIÊNCIAS SOCIAIS
E HUMANAS

Department of Psychology

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To my family and my partner, for their unconditional support and encouragement

Acknowledgements

I would like to begin by expressing my deepest gratitude to my supervisor, Dr. Carla Moleiro, for her unwavering support, dedication, and insightful critiques throughout this research journey. I am profoundly grateful for the opportunity to develop my academic capabilities under her guidance.

Moreover, this thesis would not have been possible without the generous support of my scholarship provider, the Studienstiftung des deutschen Volkes e. V., which enabled me to pursue this Master's degree. I am immensely grateful for their financial support, academic guidance, and inspiration, as well as for the confidence they placed in me throughout my studies.

I am also deeply grateful to all members of the expert panel who generously contributed their time, knowledge, and professional experience to this study. Without their commitment and engagement, this research would not have been realizable.

I would further like to thank my peers at the university, whose insightful discussions have greatly enriched my research experience, making this journey not only possible but also deeply enjoyable. In particular, I am grateful to my colleagues and cherished friends, Alessia, Carina, Delaney, Gabriella, Maryam, and Tamari, whose curiosity, dedication, and commitment to advancing social justice through their work continue to inspire me. I am thankful for their optimism and companionship, which made this journey all the more meaningful.

I owe an immense debt of gratitude to my parents, my brother, Jona, and my Argentinian family, whose unwavering support and encouragement have nurtured my educational journey from the very beginning.

Finally, I would like to thank my partner, Ricardo, for his endless support and belief in me throughout this academic journey and beyond.

Resumo

Em resposta à crescente diversidade das pessoas que recorrem à psicoterapia, às disparidades persistentes no acesso e nos resultados das intervenções, e à integração limitada da formação em competência intercultural na qualificação de psicoterapeutas, este estudo teve como objetivo identificar e priorizar temas-chave e métodos pedagógicos para a formação em competência intercultural em psicoterapia.

Foi realizado um estudo Delphi em três rondas com um painel de 15 especialistas de 12 países, incluindo profissionais da psicoterapia que exercem em consultórios privados, clínicas de psicoterapia e serviços comunitários sem fins lucrativos. Na 1.ª ronda, as pessoas especialistas sugeriram temas e métodos através de respostas abertas, posteriormente organizados segundo o modelo tridimensional de competência cultural de Sue (2001). Na 2.ª ronda, as pessoas participantes classificaram a importância e a efetividade dos itens utilizando uma escala de Likert de seis pontos. Na 3.ª ronda, os itens consensuais foram reavaliados quanto à sua essencialidade numa escala de três pontos. O consenso foi definido como uma mediana $\geq$ 5, um intervalo interquartil $\leq$ 1 e pelo menos 80 % de concordância.

Os resultados revelaram consenso sobre 10 temas de consciência e atitudes, 21 de conhecimento e 12 de competências práticas, bem como sobre oito métodos pedagógicos. De um modo geral, os temas relacionados com a consciência e as atitudes foram considerados altamente prioritários, enquanto vários métodos foram considerados altamente efetivos, mas não necessariamente essenciais. Estes resultados fornecem orientações práticas para a formação e o desenvolvimento curricular, promovendo cuidados de saúde mental mais inclusivos e culturalmente sensíveis.

Palavras-chave: método Delphi, consenso de especialistas, diversidade cultural, competência intercultural, formação em psicoterapia, formação em competência cultural

Abstract

In response to the increasing diversity of psychotherapy clients, persistent disparities in access and treatment outcomes, and the limited integration of intercultural competence training into psychotherapist education, this study aimed to identify and prioritize key topics and teaching methods for intercultural competence training in psychotherapy.

A three-round Delphi study was conducted with a panel of 15 experts, including psychotherapists who are active in private practice, psychotherapy clinics, and non-profit community services across 12 countries. In Round 1, experts generated a broad list of topics and methods through open-ended responses, while topics were structured into categories according to Sue's (2001) tridimensional cultural competence model. In Round 2, participants rated the importance and effectiveness of the identified topics and methods using a 6-point Likert scale. In Round 3, the experts reevaluated the items that had achieved consensus using a 3-point scale to rate their perceived essentiality. Consensus was defined as a median of ≥ 5, an interquartile range of ≤ 1, and at least 80% agreement among panel members.

The findings revealed a consensus on 10 topics related to awareness and attitudes, 21 topics related to knowledge, and 12 topics related to skills, as well as eight teaching methods. Overall, topics in the awareness and attitudes domain were highly prioritized, while several methods were considered highly effective but not necessarily essential. These results contribute to standardizing intercultural competence training efforts in psychotherapy education and provide practical guidance for training and curriculum development to enable more inclusive, culturally responsive mental healthcare.

Keywords: Delphi method, expert consensus, cultural diversity, intercultural competence, psychotherapy training, cultural competence training

Index

Acknowledgements iii

Resumo v

Abstract vii

Index of Figures and Tables xiii

List of Abbreviations xv

Introduction 1

Chapter 1. Theoretical Background 3

1.1. Cultural Competence: From the Tridimensional Model, to Its Critiques and Alternatives 3

1.2. Diversification of Psychotherapy Clients: Migration and displacement, LGBTQ+ communities and intersections of vulnerability 5

1.3. Psychotherapy for Minority Groups: Access, Attendance, Outcomes and Dropout Rates 7

1.4. Guidelines for Best Practice 8

1.5. Call for Research on Intercultural Competence Trainings 9

1.6. Research Question and Objective 10

Chapter 2. Method 11

2.1. Research Design 11

2.2. Sampling and Participants 11

2.2.1. Expert Panel 12

2.3. Data Collection 16

2.3.1. Delphi Procedure and Measures 16

2.4. Data Analysis 18

2.4.1. Qualitative Analysis: Content Analysis 18

2.4.2. Quantitative Analysis: Measures of Central Tendency and Dispersion, Consensus, Level of Agreement 21

2.5. Ethical Considerations 21

Chapter 3. Results 23

3.1. Training Topics Fostering Awareness and Attitudes 23
3.1.1. Item Development 23
3.1.2. Consensus 28
3.1.3. Ranking 28
3.2. Training Topics Fostering Knowledge 30
3.2.1. Item Development 30
3.2.2. Consensus 40
3.2.3. Ranking 40
3.3. Training Topics Fostering Skills 43
3.3.1. Item Development 43
3.3.2. Consensus 49
3.3.3. Ranking 49
3.4. Teaching Methods 51
3.4.1. Item Development 51
3.4.2. Consensus 55
3.4.3. Ranking 55

Chapter 4. Discussion 57
4.1. Main Findings 57
4.2. Main Implications 63
4.2.1. Theoretical Implications 63
4.2.2. Practical Implications 64
4.3. Limitations 65
4.4. Outlook on Future Research 65
4.5. Conclusion 66

References 69

Annexes 85
Annex A: Informed Consent (English) 85
Annex B: Invitation Texts 88
Annex C: Sociodemographic and Professional Background Questionnaire (English) 90
Annex D: Sociodemographic and Professional Background Questionnaire (Spanish) 92
Annex E: Round 1 Questionnaire (English) 94
Annex F: Round 1 Questionnaire (Spanish) 97

Annex G: Coding Agenda Used for Deductive Content Analysis 100
Annex H: Round 2 Questions (English) 103
Annex I: Round 2 Questions (Spanish) 104
Annex J: Round 3 Questions (English) 105
Annex K: Round 3 Questions (Spanish) 107
Annex L: Debriefing (English) 109
Annex M: Supplemental Materials 111

Index of Figures and Tables

Table 2.1	Characteristics of the Expert Panel (Round 1)	13
Figure 2.1	Flowchart of the Delphi Study Timeline, Structure, and Participants	15
Table 2.2	Strategies Implemented to Ensure Trustworthiness	20
Table 3.1	Awareness and Attitudes Topics: Questionnaire Subsections and Items	25
Table 3.2	Consensus and Item Rankings for Awareness and Attitude Training Topics	29
Table 3.3	Knowledge Topics: Questionnaire Subsections and Items	33
Table 3.4	Consensus and Item Rankings for Knowledge Training Topics	41
Table 3.5	Skills Topics: Questionnaire Subsections and Items	45
Table 3.6	Consensus and Item Rankings for Skills Training Topics	50
Table 3.7	Teaching Methods: Questionnaire Subsections and Items	53
Table 3.8	Consensus and Item Rankings for Teaching Methods	55
Figure 4.1	Set of Topics and Methods for Intercultural Competence Training for Psychotherapists	58

List of Abbreviations

Abbreviation	Definition
APA	American Psychological Association
EFPA	European Federation of Psychologists' Associations
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender minorities
NGO	Non-governmental organization
SES	Socioeconomic status
WHO	World Health Organization

Introduction

Psychotherapists in today's world are facing an increasingly culturally diverse client base. Numbers of migration and displacement have been accelerating (World Health Organization [WHO], 2022), and migration- and displacement-specific factors such as pre- and post-migration stressors (Hobfoll, 1989; McAuliffe & Oucho, 2024) increase vulnerability to psychological disorders among these groups (Rousseau & Frounfelker, 2019). Likewise, Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender minority[1] (LGBTQ+) individuals have been shown to be at higher risk for mental health problems (Drescher & Fadus, 2020; Kent et al., 2025), partly due to elevated stress resulting from societal discrimination (Meyer, 1995, 2003), and consequently make use of psychotherapy at higher rates (Berke et al., 2016).

Despite this heightened need, these groups face barriers to accessing psychotherapeutic services (Drewniak et al., 2017), higher dropout rates (Homan et al., 2025; Youn et al., 2019), as well as poorer treatment outcomes (Beard et al., 2017; Drinane et al., 2016; Oshin et al., 2024) than majority-group individuals.

Contributing factors include the underrepresentation of minority-group psychotherapists (Solomonov et al., 2025), therapist biases (Iudici et al., 2024; Pepping et al., 2025), microaggressions (Davis et al., 2016; Nadal, 2019), processes of othering (Akbulut & Razum, 2022), and over- or misdiagnosis (Faber et al., 2023; Mounet et al., 2025). In addition, psychotherapists frequently report insecurity when working with culturally diverse clients (Kanakam, 2022).

Research on intercultural competence training has shown promising results (Benuto et al., 2018; Chu et al., 2022). Nevertheless, despite professional guidelines calling for the systematic integration of intercultural competence training into psychotherapist education (American Psychological Association [APA], 2017b; Ratts et al., 2016; Schouler-Ocak et al., 2026; Sue et al., 1992), its implementation remains limited (Hudelson et al., 2016; Loue et al., 2015). Possible reasons include the lack of studies identifying the most effective training content and methods for psychotherapists specifically, despite repeated calls for such research

[1] In this study, the term *minority group* refers to groups that experience social disadvantage and structural inequalities as a result of unequal distributions of power, status, and privilege within society (Seyranian et al., 2008).

(Bhui et al., 2007), and the limited inclusion of participants with substantial professional experience in existing studies (Aggarwal et al., 2016).

For this reason, the present study examines which components of psychotherapists' education foster the development of intercultural competence when working with linguistically and culturally diverse ethnic, sexual, and gender minority clients, and through which methods these components achieve their effects. To this end, the study aimed to achieve expert consensus and prioritization of key content and effective methods for intercultural competence training in psychotherapy, supporting more inclusive and culturally sensitive practice.

The study begins by outlining the theoretical background on concepts such as culture and intercultural competence, the diversification of psychotherapy client populations, disparities in psychotherapy access and outcomes, as well as current guidelines on intercultural competence training. It then presents the methodology of the Delphi study and the results of each round. Finally, a set of prioritized training components is presented, findings are discussed, and implications for future research are outlined.

CHAPTER 1

Theoretical Background

Culture has been conceptualized as "the collective programming of the mind which distinguishes the members of one group or category of people from another" (Hofstede, 2011, p. 3), and "a fuzzy set of basic assumptions and values, orientations to life, beliefs, policies, procedures and behavioral conventions" (Spencer-Oatey, 2008, p. 3). This "set" has further been described as characterizing a group while varying across individuals, shaping but not fully determining their behavior or experience, and being transmitted from one generation to the next (Matsumono & Juang, 2004; Spencer-Oatey, 2008). Culture is a multidimensional concept, extending beyond nationality to include factors such as age, gender, race and ethnicity, and current geographic context, among others (Chao & Moon, 2005; Zolfaghari et al., 2016).

Given the growing prevalence of culturally diverse patients in healthcare, the question emerged of how to provide equitable, culturally responsive care to cultural minority groups, leading to the development of the concept of cultural competence in the late 1980s (Cross et al., 1989).

1.1. Cultural Competence: From the Tridimensional Model, to Its Critiques and Alternatives

The present study centers on the tridimensional *cultural competence* model proposed for counseling and psychotherapy practice by Sue and colleagues (1992). According to Sue (2001), multicultural competence comprises three dimensions: (1) *beliefs and attitudes*, (2) *knowledge*, and (3) *skills*. Beliefs and attitudes involve awareness of one's own culture-related values, behaviors, and biases, how these may differ from those of clients, and how one's own worldview may influence practice, particularly when working with cultural minorities. Knowledge refers to understanding the culturally distinct worldviews of others, going beyond mere awareness to achieve genuine comprehension without negative judgment. Finally, skills entail applying culturally sensitive and effective intervention strategies with individuals from diverse backgrounds (Sue, 2001).

In response to criticisms that the term *competence* implies a static and attainable endpoint (Campinha-Bacote, 2018; Prasad et al., 2016) reducing it to a binary construct, (Fisher, 2021), several authors have pointed out that this understanding is a misconception (Danso, 2018; Schouler-Ocak et al., 2015). In their original formulation, Cross et al. (1989) clarified

that “becoming culturally competent is a developmental process ... there will always be room for growth” (p. 28). Thus, cultural competence was always intended to indicate a dynamic, ongoing process.

Furthermore, concerns that the cultural competence concept overlooks structural inequalities and the role of systemic power imbalances between majority and minority groups (Curtis et al., 2019) and does not sufficiently emphasize the responsibility of healthcare professionals to reflect on and counteract these inequities (Fisher-Borne et al., 2015) have led to calls for structural reforms at the institutional level (Drewniak et al., 2017). Efforts have been made to integrate these aspects into the scope of cultural competence. From an ecosocial perspective, Kirmayer (2019) acknowledges how structural inequalities and social injustices shape psychological conditions. He also argues that cultural competence can be examined in relation to the organizational components of healthcare institutions (Kirmayer, 2012). Consequently, several authors have called for the strengthening of intercultural competence at both the individual and organizational levels (Hussen et al., 2020; Schouler-Ocak et al., 2015) as well as for the systematic incorporation of cultural competence training into mental healthcare education (Kirmayer et al., 2021).

Alternatives to the concept of cultural competence have been proposed. Whilst *cultural humility* (Tervalon & Murray-García, 1998) is defined as “a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals” (Foronda et al., 2016, p. 213), critics have argued that it lacks a clear action component, and additionally is not conceptually distinct from cultural competence, but rather an integral component of it (Danso, 2018; Ross, 2010). *Cultural safety* (Ramsden, 2015) emphasizes critical self-reflection and accountability among practitioners and institutions for ensuring culturally safe care, thus placing greater weight on power imbalances (Curtis et al., 2019) and is assessed by the care receivers (Hardy et al., 2023). Nonetheless, empirical evidence on its effectiveness in training as well as its visibility in professional practice and psychotherapy training remain scarce (Gerlach, 2012; Hardy et al., 2023; MacLean et al., 2023). *Cultural sensitivity* stresses awareness of cultural influences on cognition, emotion, and behavior, and encourages practitioners to apply these insights in their work (Benuto et al., 2021). As Sue et al. (1992) already included awareness and sensitivity as core dimensions of cultural competence, cultural sensitivity does not introduce a fundamentally new conceptual element. In contrast, cultural competence establishes a clear action component through its skills dimension (Sue, 2001), is widely recognized and used, especially among psychology practitioners (Danso, 2018; Greene-Moton & Minkler, 2020), and frequently implemented in

training efforts and organizational settings (Schouler-Ocak et al., 2015; Sierra-Huedo & Nevado-Llopis, 2022). As such, it is the focus of this study.

As the concept of cultural competence has evolved, so has its terminology. *Multicultural competence* implies principles of equality and recognition of differences but lacks the notion of positive interaction and constructive collaboration between cultural groups that the prefix "inter" brings (Guilherme & Dietz, 2015). *Transculturality* goes further, referring to "going beyond culture" (Monceri, 2019, p. 78) and creating a shared third space (Guilherme & Dietz, 2015), but offers no advantage in better addressing structural power imbalances (Zhang et al., 2022) nor more effectively captures the dynamic, complex, and intersectional nature of culture than a dialectical approach to intercultural competence (Martin, 2015). Both *transcultural competence* and *diversity competence* have been criticized for their lack of conceptual clarity (Marotta, 2014) and the absence of a widely accepted definition (Ziegler et al., 2022). *Diversity competence* is at times positioned within the existing cultural competence framework, when cultural competence is described as a tool to navigate hurdles rooted in diversity (Dreachslin et al., 2012). Due to its conceptual clarity, focus on interaction and acknowledgement of the fluid and dynamic nature of intercultural therapist–patient encounters, *intercultural* has been adopted as the most appropriate term for this study.

While intercultural competence was initially associated with interracial and interethnic encounters (Sue et al., 1992), later research expanded the concept to encompass interactions between groups differing in ethnicity, race, social class, disability status, religion, age, and sexual as well as gender identity (Arredondo et al., 1996; Israel & Selvidge, 2003; Lago, 2016; Moodley & Lubin, 2008).

1.2. Diversification of Psychotherapy Clients: Migration and displacement, LGBTQ+ communities and intersections of vulnerability

In recent decades, migration and global displacement have risen sharply. According to the WHO (2022), the number of international migrants rose from 153 million in 1990 to 281 million in 2020, representing a shift from 2.9% to 3.6% of the world's population. A number of 35.3 million refugees, 5.4 million asylum seekers, 5.2 million other displaced persons, and 71.2 million internally displaced persons worldwide resulted in 2022 (McAuliffe & Oucho, 2024). Pre- and post-migration factors jointly shape the mental health of migrants, refugees, and asylum seekers. As an example, forced displacement driven by violence, war, and climate-related disasters increases vulnerability to mental health problems (McAuliffe & Oucho, 2024),

which at times is exacerbated by negative post-migration experiences such as xenophobia, contributing to anxiety, depression, chronic stress, and sleep disorders (WHO, 2022). Moreover, previous research has shown that specific stressors related to the migration experience can cause or aggravate mental illness (Derr, 2016). For instance, Hobfoll's (1989) conservation of resources model points out the threat and actual loss of resources, and insufficient resource gain after investment. One type of resource is socioeconomic status (SES), which has been shown to be negatively associated with ethnic minority status (Hernandez et al., 2005). A reduction in SES can occur during migration and consequently impact mental health (Hobfoll, 1989).

Additionally, studies indicate that LGBTQ+ individuals make relatively greater use of counseling and psychological support services compared to the cisgender and heterosexual majority population (Berke et al., 2016). As established by Meyer's (1995, 2003) minority stress model, LGBTQ+ individuals face a heightened risk of mental health disorders due to the stigmatization and discrimination they experience and anticipate in daily life, stemming from societal policies and the attitudes of the cisgender, heterosexual majority. A study by the European Union Agency for Fundamental Rights (2020) found that 38% of participating LGBTQ+ individuals had experienced harassment related to their sexual or gender identity within the previous year. As a result of this accumulated stress, LGBTQ+ individuals face elevated risks of depression, anxiety, substance use, self-harming behaviors (Drescher & Fadus, 2020; Hafeez et al., 2017; Kent et al., 2025), and suicidality (Bochicchio et al., 2022; Testa et al., 2017; Tomicic et al., 2020).

The dynamics within client diversification rarely occur in isolation, but often intersect. For instance, in its *World Report on the Health of Refugees and Migrants*, the WHO (2022) highlights that Muslim LGBTQ+ refugees face a dual risk: discrimination from fellow refugees based on homophobia or transphobia, and Islamophobic harassment from the host population. Similarly, displaced transgender women and men who have sex with men are more vulnerable to psychiatric comorbidities than individuals from the same groups within host communities (Clark et al., 2021). Other intersecting factors include the SES and health status of minority group individuals, which generate a distinct form of risk of exclusion and psychological distress (McGarrity, 2014; Rohleder, 2016).

The growth of linguistic and cultural diversity in societies across the globe, which involves complex interactions of intersecting identities, leads to new challenges in psychological practice (Mak & Shaw, 2015).

1.3. Psychotherapy for Minority Groups: Access, Attendance, Outcomes and Dropout Rates

Despite the increased vulnerability of migrant, refugee and LGBTQ+ populations to mental health conditions, they encounter significant barriers to psychotherapy access and outcomes. On the one hand, structural barriers manifest in practical challenges to providing care for migrants and refugees without documentation and in insufficient minority group language representation (Drewniak et al., 2017). Additionally, reduced cultural similarity between minority patients and psychotherapists in individual therapy, and between patients and other group members in group settings, further limits attendance in psychotherapeutic services (Collazos et al., 2021; Firth et al., 2020; Krystallidou et al., 2024; Solomonov et al., 2025). Additional barriers include limited service awareness among ethnic minority clients (Memon et al., 2016) and perceived discrimination leading to service avoidance among both ethnic minority (Nkulu Kalengayi et al., 2024) and sexual and gender minority clients (Casey et al., 2019).

Such perceived discrimination may stem from psychotherapist biases (Hall et al., 2015; Yager et al., 2021), documented in mental healthcare for ethnic minorities (Gran-Ruaz et al., 2022; Newton, 2025) and sexual and gender minority individuals (Pepping et al., 2025). Processes of *Othering*, so the practice by which majority groups construct their identity in contrast to a stigmatized "other" they associate with negative characteristics (Grove & Zwi, 2006; Roberts & Schiavenato, 2017), occur, for example, in relation to gender or ethnic minorities (Kempenaar & Shanmugam, 2018), and risk re-exposing minority clients to societal stigma (Rohleder, 2016). Research from the U.S. and European contexts has furthermore documented the prevalence of microaggressions (Sue et al., 2007, 2008) in psychotherapy settings (Davis et al., 2016; DeBlaere et al., 2023; Hallmann-Perez et al., 2025) including the avoidance of culture-related topics, dismissal of racist experiences (Hallmann-Perez et al., 2025; Hook et al., 2013), and noticeable provider discomfort (Decker et al., 2024; Sue, 2001) when working with sexual and gender minority clients (Nadal et al., 2011; Nadal, 2019; Roach, 2018). Therapists themselves have reported insecurity when working with clients from cultural minority backgrounds (Kanakam, 2022), which has been linked to a reduced likelihood of taking on minority clients (Dumke & Neuner, 2023) and lower client retention rates (Owen et al., 2017).

Consequences of the described processes include overdiagnosis and misdiagnosis of minority individuals. One well-documented example is the higher likelihood that Black/African

American and other minority patients in the U.S. receive schizophrenia diagnoses than White patients presenting similar symptoms (Akinhanmi et al., 2018; Lawson et al., 1994; Faber et al., 2023; Flaskerud & Hu, 1992; Snowden & Cheung, 1990; Strakowski et al., 1996). Another is the overdiagnosis of borderline personality disorder among transgender and gender-diverse clients (Ayhan et al., 2020; Mounet et al., 2025; Puckett et al., 2020; Rodriguez-Seijas et al., 2025). As additional consequences, several studies indicate that migrants use psychotherapeutic services less than the host population (Derr, 2016; Lehti et al., 2025; Von Lersner et al., 2019), while showing lower attendance consistency and higher drop-out rates (Youn et al., 2019). Although LGBTQ+ clients use psychotherapeutic services at higher rates than their heterosexual and cisgender counterparts (Berke et al., 2016; Bränström & Pachankis, 2020; Roxo et al., 2026), they may nevertheless terminate therapy prematurely (Homan et al., 2025).

In addition, research indicates that Black and ethnic minority communities often report poorer experiences with mental health services and worse treatment outcomes (Butt et al., 2015; Hallmann-Perez et al., 2025). The evidence regarding whether LGBTQ+ individuals experience reduced treatment outcomes in psychotherapeutic practice is mixed (Kent et al., 2025). Some studies indicate less favorable outcomes for gender and sexual minority patients in standard mental health treatment (Beard et al., 2017; Oshin et al., 2024), as well as insufficient focus on LGBTQ+-specific and affirmative interventions (Harkness et al., 2024; Lea et al., 2021).

1.4. Guidelines for Best Practice

The United Nations General Assembly (2016) and the WHO (2022) as global institutions have both emphasized the importance of fighting racism and discrimination in healthcare and addressing the needs of minority populations.

At the professional level, several organizations have developed guidelines to promote cultural competence in counseling and mental health practice. The Association for Multicultural Counseling and Development and the American Counseling Association (Ratts et al., 2016; Sue et al., 1992), as well as the APA (2017b, 2021), have issued cultural competence guidelines for counseling, psychotherapy, and psychological practice. The APA (2017a) has also incorporated binding requirements related to intercultural competence into its *Ethical Principles of Psychologists and Code of Conduct*. In Europe, the European Psychiatric Association has published guidelines to foster cultural competence in psychiatric and counseling settings (Schouler-Ocak et al., 2015; Schouler-Ocak et al., 2026). Furthermore, the

revised EuroPsy regulations, issued by the European Federation of Psychologists' Associations (EFPA) in 2025, explicitly include cultural competencies among the educational requirements for psychologists, reflecting their growing recognition within European professional standards.

Additionally, psychological diagnostic manuals increasingly consider cultural factors, as seen in the ICD-11 and DSM-5 (Gureje et al., 2019; Sharan & Keeley, 2018).

1.5. Call for Research on Intercultural Competence Trainings

A growing body of research demonstrates that cultural competence training effectively enhances healthcare practitioners' intercultural awareness, knowledge, and skills (Atzor et al., 2024; Beach et al., 2005; Benuto et al., 2018; Chu et al., 2022; Dickson & Jepsen, 2007; Jernigan et al., 2016; Sue et al., 2019; Truong et al., 2014). Despite this evidence base, cultural competence education has not been systematically integrated into healthcare curricula in several contexts, including Europe (Hudelson et al., 2016), high-income, English-speaking countries (Loue et al., 2015), German-speaking countries (Calliess et al., 2008; Mews et al., 2018), and in low- and middle-income countries (Bolarinwa & Nkansah, 2025).

This gap may stem from a lack of clarity regarding which content and teaching methods most effectively foster intercultural competence. While some studies have addressed this issue in healthcare professions more broadly (Sorensen et al., 2023; Ziegler et al., 2022), and initial efforts in psychotherapy have focused on specific applications such as the DSM-5 Cultural Formulation Interview (Aggarwal et al., 2020), a broader prioritization of content and teaching strategies for general cultural competence in psychotherapists' education remains absent. This is particularly striking given earlier calls to investigate whether different professions require distinct pedagogical approaches and content (Bhui et al., 2007). In addition, methodological limitations in prior research further restrict the applicability of existing findings. Scholars have criticized the reliance on short-term self-report measures (Atzor et al., 2024; Truong et al., 2014), the inclusion of participants with limited real-world intercultural clinical experience (Aggarwal et al., 2016), and the disconnect between intercultural psychology in theory and its real-world application (Kuo et al., 2020). Furthermore, most studies on cultural competence training have been conducted in the United States, with comparatively limited contributions from other regions (Chu et al., 2022; Truong et al., 2014). This raises concerns about the transferability of findings and highlights the need to identify training content and methods perceived as relevant across diverse cultural contexts.

Finally, cultural competence education has primarily focused on racially or ethnically diverse clients (e.g., Huey et al., 2014), followed by sexual orientation and gender identity minorities (e.g., Yu et al., 2023). Engaging professionals working across these groups may help identify broadly applicable educational content and principles, as called for in prior research (Chu et al., 2022).

1.6. Research Question and Objective

In the light of the outlined research gap, this study examines the question which specific components of psychotherapists' education foster the development of intercultural competence in working with linguistically and culturally diverse ethnic, sexual, and gender minority clients. Furthermore, the study sheds light on the specific processes through which these components achieve this.

With the help of the Delphi method, the study aims to reach expert consensus on (1) the educational topics that are most important for developing intercultural competence in psychotherapists and (2) the teaching methods that are perceived as most effective for this purpose. Based on the findings, the study ends with an expert-informed, prioritized set of educational elements for intercultural competence trainings in psychotherapy, supporting more inclusive and culturally responsive clinical practice.

CHAPTER 2

Method

2.1. Research Design

The Delphi Method, which combines both qualitative and quantitative elements (Leibowitz-Nelson et al., 2024), was applied in this study. It has previously been shown to be effective in identifying priorities in educational curricula (Waggoner et al., 2016) and in the development of professional guidelines (Trevelyan & Robinson, 2015). The Delphi method is particularly suitable when empirical evidence on a topic is limited and expert consensus is required (Hsu & Sandford, 2007; Taze et al., 2022). For the purpose of consensus identification, the Delphi method makes explicit use of expertise of practitioners in a certain field (Barret & Heale, 2020) and is especially used in the healthcare domain (Denecke et al., 2024; Lam et al., 2021). Furthermore, it enables the participation of globally dispersed experts and accounts for the dominance of single participants (Green, 2014; Humphrey-Murto et al., 2017). Another advantage of the Delphi method is that the repetitiveness of rounds leads to careful contemplation of questions by the experts (Waggoner et al., 2016). The four main characteristics of a Delphi study are iteration, anonymity, structured feedback for participants, and statistical aggregation of responses (Belton et al., 2019; Jünger et al., 2017).

Given past concerns regarding the lack of methodological clarity in the application of the Delphi method (Shang, 2023; Waggoner et al., 2016), the design of this study was informed by established methodological reviews and guidelines for implementing Delphi procedures in healthcare research (Green, 2014; Humphrey-Murto et al., 2017; Jünger et al., 2017; Shang, 2023; Spranger et al., 2022; Taze et al., 2022; Trevelyan & Robinson, 2015; Waggoner et al., 2016). In addition, literature addressing the conceptualization of consensus (Belton et al., 2019; Hsu & Sandford, 2007; Jünger et al., 2017; Leibowitz et al., 2024; Niederberger & Spranger, 2020; Trevelyan & Robinson, 2015) was used to determine the consensus criteria for this study. Together, these sources ensured adherence to current best practices in the operationalization of the Delphi methodology.

2.2. Sampling and Participants

The panel in Delphi studies is traditionally composed by experts in the sector of question (Waggoner et al., 2016). Selection criteria have been defined as professional engagement in the given sector, relevant expertise, and knowledge in the investigated field (Belton et al., 2019;

Jünger et al., 2017; Taze et al., 2022). For this study, the eligibility criteria were defined as follows: the experts must be currently active as psychotherapists; hold a Master's degree in (Clinical) Psychology that grants certification and allows independent psychotherapy practice, or a postgraduate diploma, certification or equivalent training in psychotherapy that enables independent psychotherapy provision; have more than six months' professional experience; have received training in intercultural competence or diversity, and/or supervision in intercultural psychotherapy settings; and have worked with, or currently work with, at least ten clients from diverse linguistic, ethnic, sexual orientation and/or gender identity backgrounds.

Similar to Leibowitz-Nelson et al. (2024), a combination of purposive and snowball sampling was applied, which is especially suitable for small, hard-to-reach populations (Etikan & Bala, 2017) and expert recruitment (Berndt, 2020). Consequently, individuals who potentially met the eligibility criteria and whose contact information was publicly available on websites or social media were contacted directly by the researcher via email or WhatsApp. The invitation text is provided in Annex B. Given the limited size of the target population due to the required educational and professional qualifications, contacted individuals were encouraged to share the invitation with other eligible experts in their network. A total of 95 individual practitioners, including some self-employed professionals, from 19 countries, and five psychotherapy institutions in Spain, Argentina, Chile, and Germany were contacted as potential experts, in line with recommendations of five to 60 participants for Delphi studies (Waggoner et al., 2016; Belton et al., 2019).

2.2.1. Expert Panel

A total of 24 persons accepted the study invitation and completed the Round 1 questionnaire. Of these 24 participants, nine were excluded from subsequent rounds because they did not meet the eligibility criteria, resulting in a final expert panel of 15 experts. Experts ranged in age from 27 to 72 years and reported practicing psychotherapy across 12 countries. The expert panel represented diverse psychotherapy-related qualifications, ranging from postgraduate psychotherapy certifications to doctoral and medical degrees. Experts worked in a variety of professional settings, including private practice and non-profit organizations. A detailed overview on the expert panel’s characteristics is presented in Table 2.1.

Table 2.1

Characteristics of the Expert Panel (Round 1)

Characteristic	*n*	%
Age (in years)		
23-32	4	26.67
33-42	3	20.00
43-52	2	13.33
53-62	2	13.33
63-72	4	26.67
Gender		
Man	3	20.00
Woman	12	80.00
Language		
English	9	60.00
Spanish	6	40.00
Professional Experience		
6 months–5 years	4	26.67
6–10 years	3	20.00
11–20years	2	13.33
> 20 years	6	40.00
Current Professional Context		
Private practice	11	73.33
Private psychotherapy center	1	6.67
Non-profit/NGO/community service	3	20.00
Highest Psychotherapy-Related Qualification		
Bachelor's/Undergraduate Degree/Licenciatura in Psychology/Related Field (Independent Psychotherapy License)	3	20.00
Master's Degree in Clinical Psychology/Psychotherapy (Independent Psychotherapy License)	6	40.00
Postgraduate Diploma/Certification in Psychotherapy	4	26.67
Medical Degree with Psychiatric Specialization	1	6.67
Doctorate in Psychology	1	6.67
Involvement in training in intercultural competence or diversity, and/or supervision in intercultural psychotherapy settings		

Characteristic	*n*	%
Yes	15	100.00
No	0	0.00
Number of clients from diverse linguistic, ethnic, sexual orientation and/or gender identity backgrounds		
≥ 10	15	100.00
< 10	0	0.00
Country of Practice [a]		
Argentina	4	
Australia	1	
Chile	1	
Denmark	1	
France	1	
Germany	2	
Italy	1	
Mexico	1	
New Zealand	1	
Spain	6	
Uruguay	1	
USA	2	

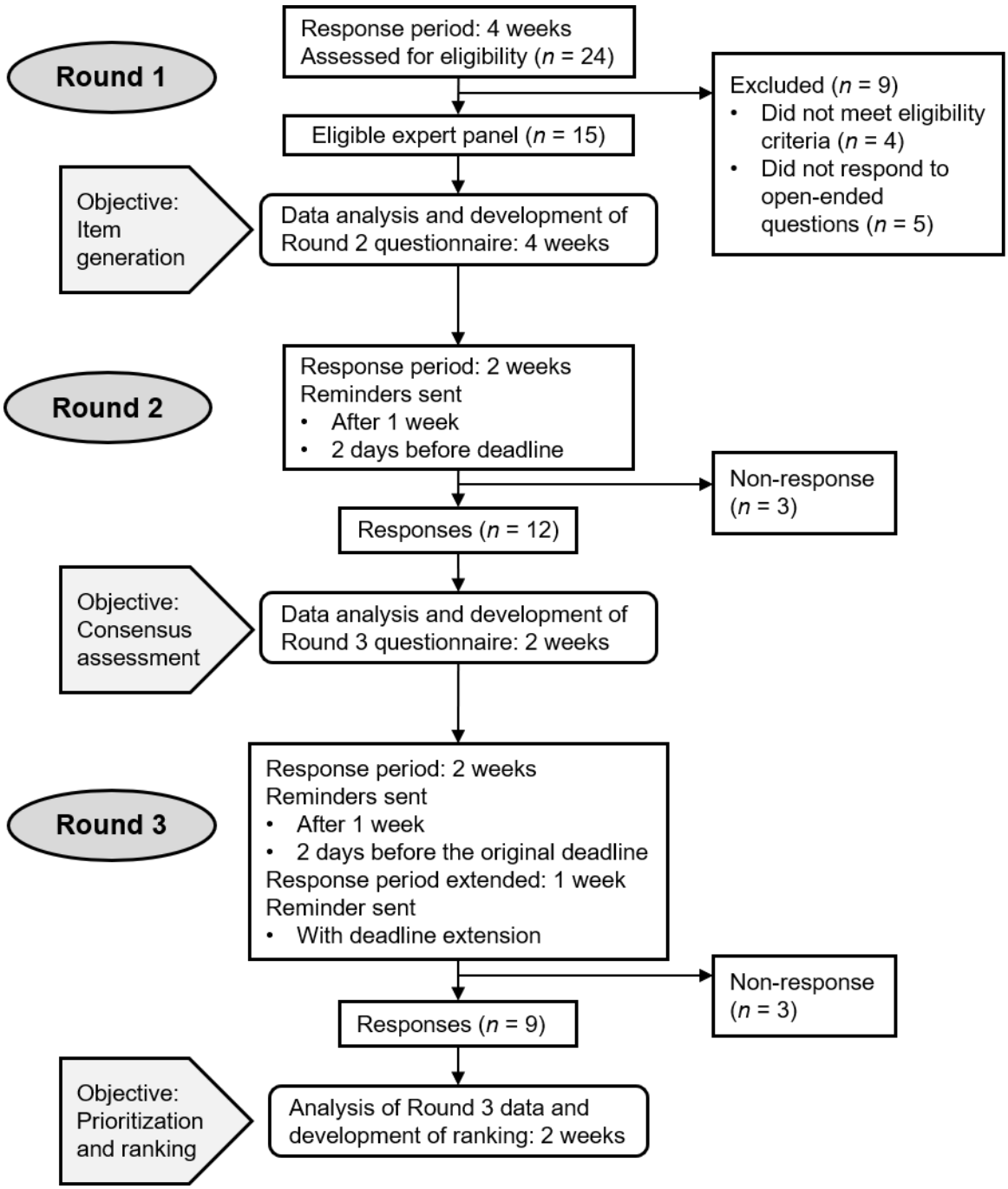
Note. $N = 15$. The table presents the characteristics of the experts who met the eligibility criteria and were included in Round 1 of the study. The language indicated refers to the language in which participants received and completed the questionnaires. Percentages are based on the total number of eligible experts. NGO = non-governmental organization.

[a] Some experts reported engaging in multiple countries through international online practice. Consequently, country frequencies do not sum to the total of 15 experts.

Twelve experts completed Round 2, with equal numbers responding in English and Spanish. Nine experts also completed Round 3, with five responding in English and four in Spanish. An overview of response rates across all study rounds is provided in Figure 2.1.

Figure 2.1

Flowchart of the Delphi Study Timeline, Structure, and Participants



Note. This figure illustrates the timeline, structure, number of participants, and objectives of each round of the Delphi study.

2.3. Data Collection

Following recommendations for traditional Delphi studies in the literature, the study consisted of three rounds (Humphrey-Murto et al., 2017; Wyant et al., 2020; Zhang et al., 2020), with the number of rounds having been predetermined prior to study start (Trevelyan & Robinson, 2015). Data collection took place via the platform Qualtrics (2026) between February and May 2026. Previous research has recommended that participants should be granted a reasonable amount of time to respond to each round (Belton et al., 2019), and that breaks between iterations should be kept relatively short to maintain the interest of experts (Shang, 2023; Trevelyan & Robinson, 2015). Participants were given four weeks to complete the open-ended Round 1 questionnaire and two weeks for the closed-ended Round 2 questionnaire. The Round 3 response period was initially set at two weeks and extended to three to maximize participation. To increase engagement, reminder emails were sent, as recommended by Turnbull et al. (2018). Figure 2.1 provides information on the exact timeline of the Delphi study.

As feedback is important for maintaining participant engagement (Belton et al., 2019; Hsu & Sandford, 2007; Shang, 2023), each new round presented items derived from the analysis of experts' responses. At the start of Round 3, participants were also informed which items had reached consensus in the previous round and were therefore retained for further evaluation.

2.3.1. Delphi Procedure and Measures

In Round 1, participants who wished to participate in subsequent rounds provided their email address and generated a personal code to link responses while maintaining anonymity. Anonymity between experts was ensured through online questionnaires and anonymized responses, as recommended for traditional Delphi studies (Taze et al., 2022), to prevent dominance of single participants from influencing responses (Humphrey-Murto et al., 2017).

In a separate questionnaire, participants provided their personal code again and completed questions on sociodemographic characteristics and professional experience (see Annexes C and D). Subsequently, participants were asked four open-ended questions, each with up to three follow-up prompts to elicit clarification and richer data, which are described in Annexes E and F. Following Sorensen et al. (2023), the questionnaire was structured into two domains: training content and educational methods. Questions A.1-A.3 addressed the importance of training content related to awareness and attitudes, knowledge, and skills (Sue et al., 1992; Sue, 2001), while Question B examined the perceived effectiveness of educational

methods for intercultural competence training in psychotherapy education. Two versions of the questionnaire were sent out: one in English and one in Spanish. The translation of the English survey material into Spanish followed the recommended approach of a human quality check after machine translation (Kunst & Bierwiaczonek, 2023).

In Round 2, representative statements created from Round 1 responses served as items in a closed-ended questionnaire. Participants rated the generated items from Section A on training content on a 6-point Likert scale from *1 = not at all important* to *6 = very important* (see Annexes H and I). This 6-point Likert scale for rating training content was implemented in Sorensen et al.'s (2023) Delphi study and fits Green's (2014) recommendation to avoid a neutral midpoint, ensuring experts carefully consider their responses and reducing the risk of false consensus. Based on Green's (2014) recommendation, and Chae et al.'s (2019) procedure for evaluating the effectiveness of educational methods in Delphi studies, participants in Section B rated perceived effectiveness of teaching methods on a 6-point Likert scale from *1 = not at all effective* to *6 = very effective* (see Annexes H and I). Additionally, each section included an optional free-text field for rating justification or additional item suggestion, as implemented by Leibowitz-Nelson et al. (2024).

In Round 3, experts re-rated only items that had reached consensus in Round 2, along with one additional item generated from a free-text response. This single item was rated using the same scale as in Round 2 to determine consensus. For all other items, the perceived essentiality of training topics and methods was assessed using an approach informed by the essentiality measure employed by Krijtenburg-Lewerissa et al. (2019) in their Delphi study to identify key topics for an educational program. Consistent with Ziegler et al.'s (2022) recommendation, a 3-point, unipolar response format was used since participants were unlikely to rate the content or methods as unimportant or ineffective given that items had already achieved consensus in a previous round. Thus, topics were rated on a 3-point fully verbalized scale from *1 = important, but not essential* to *3 = very important and absolutely essential*, and teaching methods on a scale from *1 = effective, but not essential* to *3 = very effective and absolutely essential* (see Annexes J and K). The newly added item, derived from Round 2 free-text responses, was also rated on the 3-point scale, allowing its inclusion in the final ranking if it reached consensus in Round 3. Participants were further instructed to assign the highest rating (3) to no more than 10 items per section to support the development of a concise, practically applicable set of elements for psychotherapists' intercultural training. Free-text fields remained available for additional input.

2.4. Data Analysis

The aim of each analysis round is summarized in Figure 2.1.

2.4.1. Qualitative Analysis: Content Analysis

Content Analysis has been repeatedly implemented in the analysis of qualitative data in Delphi studies (Leibowitz-Nelson et al., 2024; Baumann Montecinos & Grünfelder, 2022; Pawlak et al., 2024), as well as to generate items from qualitative data (Christalle et al., 2022). This study utilized content analysis, as conceptualized by Mayring (2000), to analyze Round 1 open-ended responses and Round 2 free-text fields to develop Round 2 and 3 items. More specifically, a deductive–inductive approach (Armat et al., 2018; Elo & Kyngäs, 2008) was pursued. With the help of a pre-defined coding agenda (see Annex G), the analysis was first conducted deductively, building on previous models and existing research, by arranging the data into (A) teaching content sections based on Sue's (2001) model of intercultural competence, differentiating the categories of (A.1) attitudes and awareness, (A.2) knowledge, and (A.3) skills, and (B) teaching methods. Based on pre-defined coding rules, identified units of meaning were assigned to the outlined (main) categories. Extending this structure, inductive analysis was conducted to modify units of meaning into subsections and items by summarizing or formulating representative statements. For selected (sub-)sections and items, additional descriptions based on experts' input were provided to ensure a shared understanding of the questionnaire content when their meaning was not considered self-explanatory.

To ensure best practice, a second coder was involved, as similarly done in other Delphi studies in the healthcare field (Denecke et al., 2024), who was a student of the researcher's Master's program at ISCTE-IUL and also multilingual. The researcher and second coder independently coded the material, assigned units of meaning to pre-defined sections and created specific items. In the final summary production, the researcher and second coder compared their versions and collaboratively agreed on the final items for Round 2 and 3 through discussion. The result was reported to the study's supervisor and additional suggestions were implemented. After Round 2, the researcher and second coder followed the same procedure for the free-text field responses and added items for evaluation in Round 3. NVivo software (Lumivero, 2026) was used to assist in the coding process and generating categories, as suggested by Belton et al. (2019).

In terms of researcher positionality, I am a young White woman from Germany with lived experience across multiple cultural contexts, having lived, worked, and studied in

Argentina, Spain, Portugal, and Ireland over several years. I am multilingual and fluent in German, English, and Spanish. Through my academic and professional training in psychology, I have completed internships with non-governmental organizations (NGOs) in Argentina and Spain supporting LGBTQ+, migrant, and refugee communities through mental health and community-based services. I am aware that these experiences have shaped my understanding of diversity, inclusion, and cross-cultural interactions. Through active reflexivity, I remained mindful of how my social position and personal experiences might influence data collection and interpretation.

In content analysis, ontological standpoints can vary between different researchers (Graneheim et al., 2017). In this study, the ontological stance is relativist, assuming that reality is socially constructed (Denzin & Lincoln 2005, as cited in Lee, 2012). The epistemological position is constructivist and subjectivist, meaning that the researcher acknowledges their co-creation of meaning through their interaction with participants' perspectives and their interpretation of participants' responses (Monforte et al., 2022).

Trustworthiness was used as a criterion for ensuring the quality of the qualitative analysis (Lincoln & Guba, 1986). Table 2.2 summarizes the measures taken to address each aspect of trustworthiness throughout the research process.

Table 2.2

Strategies Implemented to Ensure Trustworthiness

Trustworthiness component	Strategies implemented
Credibility	Prolonged engagement • three-round design Methodological triangulation • Combination of qualitative and quantitative methods within a mixed-methods approach • Involvement of a second coder to double-check coding outcomes Member checks • Informing participants about interim results and provision of feedback opportunity through participation in subsequent rounds
Transferability	Thick description of research context and method Purposive sampling • Enabled the recruitment of experts from diverse cultural, linguistic, and national backgrounds Provision of two survey languages • To expand recruitment options
Dependability	Detailed description of methodological procedure • to enable potential replicability of the study Audit trail • To document analytical decisions, coding process and category development
Confirmability	Discussions of the analytical process and coding framework with the research supervisor, who was not directly involved in the coding process • To enable critical reflection on analytic procedures and interpretations Reflexive journaling • To reflect on the researcher's potential biases and personal assumptions during the research process

Note. The table summarizes the strategies employed to enhance credibility, transferability, dependability, and confirmability throughout the research process, following Lincoln and Guba's (1986) framework.

2.4.2. Quantitative Analysis: Measures of Central Tendency and Dispersion, Consensus, Level of Agreement

After Round 2 data collection, item responses from Section A and B were analyzed regarding consensus, as is common practice in Delphi studies (Waggoner et al., 2016). Consensus was determined using median and interquartile range, and level of agreement as recommended in guidelines on the Delphi method and executed in prior Delphi studies (Leibowitz-Nelson et al., 2024; Trevelyan & Robinson, 2015). Specifically, consensus was defined as items reaching a median ≥ 5 and an $IQR \leq 1$, and $\geq 80\%$ of the panel rating a topic as "important" or "very important," or a teaching method as "effective" or "very effective". As Belton et al. (2019) noted, stricter consensus criteria should be applied when informing critical decisions. As this study aimed to conclude with a concise set of topics and teaching methods that could realistically be incorporated into training programs, relatively stringent consensus criteria were used.

After Round 3, a ranking of topics and methods perceived as most important/effective and essential was created based on the mean of each item, with higher means indicating a higher position of prioritization. Standard deviations were reported to provide additional information on the variability of participants' ratings. This procedure was guided by other Delphi studies which drew on mean and standard deviation to finalize a ranking of competencies or educational elements (Chae et al., 2019; Sorensen et al., 2023; Sprott, 2014). Given the ordinal nature of the 3-point scale, means served only as proxies for estimating the relative ranking of topics and methods, rather than as indicators of a true average in the sense of a measure of central tendency, consistent with the approach adopted by Ziegler et al. (2022).

2.5. Ethical Considerations

Ethical justifiability was ensured through an Ethics application, approved by the School of Social Sciences Ethics Committee of ISCTE-IUL. Informed consent was obtained at the start of Round 1 (see Annex A). To ensure anonymity, participant email addresses and survey responses were stored separately and linked only through self-generated codes used for participant tracking across rounds and follow-up contact. Access was restricted to the researcher. A comprehensive debriefing explaining the study's purpose, and procedure was provided after Round 3 (see Annex L).

CHAPTER 3

Results

The following section presents the findings for each of the study's investigated domains: educational topics and teaching methods. The educational topics are further divided into the subdomains of *Awareness and Attitudes*, *Knowledge*, and *Skills*. For each domain, the section first describes the items developed from the qualitative data collected in Round 1, followed by the consensus results from Round 2. Finally, it presents the Round 3 rankings of key educational topics and teaching methods.

3.1. Training Topics Fostering Awareness and Attitudes

3.1.1. Item Development

From the expert panel's input in Round 1, a total of 83 units of meaning were deductively assigned to the category *A.1 Training Topics Fostering Awareness and Attitudes*[2]. Based on these, 11 items were inductively developed. The two subcategories *A1.1 Attitudes* and *A1.2 Self-Awareness and Reflexivity* were formulated to organize the items, with seven assigned to the former and four to the latter. However, through a remark by an expert in a free-text-field in Round 2, one additional item was formulated to be included under *A1.1 Attitudes* in the Round 3 survey. Table 3.1 summarizes the number of units of meaning considered to create each item, provides example quotes informing each item, and includes descriptions formulated for selected (sub-)section headings and items.

Under the subsection *Attitudes*, experts emphasized the importance of adopting a culturally responsive, humble and ethically grounded therapeutic stance. *Cultural humility* reflected avoiding the imposition of one's own perspectives and approaching clients with openness and self-reflection. *Cultural sensitivity* furthermore, encompassed the notion of humane sensitivity. *Ethical conduct and non-maleficence* emerged from requests to learn how to help rather than harm. Whilst *Inclusive, empathic, humane, and non-stigmatizing attitudes* were stressed, *Openness and curiosity* were also mentioned as important capabilities. *Respect and perceiving the client as expert of their own experience* reflected the importance of acknowledging clients' expertise regarding their own lives and *Sense of humor* was included as

[2] Researcher-generated (sub-)section and item labels are presented in italics to distinguish them from verbatim expert quotations, which are presented in quotation marks.

the capability to not take oneself too seriously. Following Round 2, the item *Combining confidence in one's professional therapeutic expertise with cultural humility* was added emphasizing the balance of trust in professional expertise with self-reflection, and cultural sensitivity.

Within the subsection *Self-Awareness and Reflexivity*, *Awareness of limitations of one's own knowledge* reflected the recognition of intercultural competence as a life-long learning process. *Cognitive and affective self-awareness, including awareness of own ethnocentrism* captured experts' expressions to be "able to tell the difference when we're interpreting from our own lens" and "aware that we can be biased and ethnocentric". *Awareness of the relevance of social identity, intersectionality, and context* emerged from experts' emphasis on understanding how multiple social identities and forms of discrimination shape clients' experiences. Lastly, *Reflection on one's own cultural background, identity, and position within structures of privilege and power* reflected the importance of critically examining one's own positioning in regards to privilege and awareness of societal inequalities.

Table 3.1

Awareness and Attitudes Topics: Questionnaire Subsections and Items

Section/Subsection/Item	Units of Meaning	Example quote	Description
A.1 Training Topics Fostering Awareness and Attitudes			Training topics that aim to increase psychotherapists' awareness of their own cultural background, values, biases, and assumptions about human experiences and behaviors, and that promote openness, comfort, respect, and sensitivity toward cultural, ethnic, linguistic, sexual, and gender diversity in psychotherapy
A1.1 Attitudes			These topics refer to the therapist's underlying mindset, values, and dispositions toward cultural diversity and difference
Cultural humility	3	"It should always be paired with cultural humility which means, that I do not impose my own understanding or knowledge onto the other person, but that I try to understand the other person."	
Cultural sensitivity	4	"culturally sensitive to look at how all these characteristics of someone's identity influences their identity and therapy goals, but also the therapy process"	
Ethical conduct and non-maleficence	1	"A module on the attitudes required of a therapist who wants to help rather than harm." [b]	
Inclusive, empathic, humane, and	6	"an attitude that promotes inclusion, validation, empathy, and the avoidance of stigmatization" [b]	

Section/Subsection/Item	Units of Meaning	Example quote	Description
non-stigmatizing attitude			
Openness and curiosity	17	“always keeping an open mind and not using labels”	
Respect and perceiving the client as expert of their own experience	5	“I took from Rogers a deep respect for the client, for the other person” [b]	
Sense of humor	2	“the capability to laugh at oneself” [b]	
Combining confidence in one’s professional therapeutic expertise with cultural humility [a]	1	“the concept of expert by experience I think needs to be tempered quite a bit, especially during a therapists training when they are developing their own understanding and confidence in their skills and knowledge. That does not mean that I know more than the patient about what they lived, this is why curiosity, sensitivity and awareness of our bias are fundamental.”	Intercultural competence training should foster therapists’ ability to maintain trust in their therapeutic expertise while engaging in culturally sensitive and bias-aware self-reflection
A1.2 Self-Awareness and Reflexivity			These topics refer to the therapist’s recognition and critical examination of how their own background influences the therapeutic process
Awareness of limitations of one's own knowledge	3	“However we also need to know that "cultural knowledge" about all of our clients is impossible”	
Cognitive and affective self-awareness,	20	“being able to tell the difference when we're interpreting from our own lens, rather than understanding them from theirs”	Critical awareness and reflection on one’s own emotional reactions, cognitive assumptions, biases, prejudices, and stereotypes, including

Section/Subsection/Item	Units of Meaning	Example quote	Description
including awareness of own ethnocentrism			awareness of the potential to judge experiences and behaviors through one's own cultural lens and standards
Awareness of the relevance of social identity, intersectionality and context	14	"Awareness relates to being aware that ethnicity, religiosity, ethnicity, sexual orientation etc. matters to understand an individual."	this type of awareness refers to the therapist's recognition that a person's position in society, as well as broader social, legal, and political conditions, shape their experiences, mental health, and the therapeutic relationship
Reflection of own cultural background, identity, and position within structures of privilege and power	8	"allow students to reflect on their own cultural background, own identity and how it shapes them"	

Note. Units of meaning represent coded segments from experts' responses that informed the development of the questionnaire items during the qualitative content analysis. Example quotes are included to illustrate the underlying content from which each questionnaire item was derived. Descriptions refer to the explanations provided to survey participants to facilitate a shared understanding of specific sections, subsections, or items.

[a] Item generated from expert comments provided in the Round 2 free-text fields. [b] Quote originally in Spanish; English translation provided by the author.

3.1.2. Consensus

Consensus calculations for items in this section are presented in Table 3.2. Ten of the 11 topics reached consensus in Round 2. Across these topics, median ratings ranged from 5.5 to 6, *IQR*s did not exceed 1, and all achieved 100% agreement among experts regarding their importance for fostering awareness and attitudes as part of intercultural competence. The only topic that did not meet the predefined consensus criteria was *Sense of humor*.

In Round 3, the additional topic *Combining confidence in one's professional therapeutic expertise with cultural humility* fell below the predefined consensus threshold due to its agreement level of 77.8%, which is why it was not retained for ranking purposes.

3.1.3. Ranking

The ranking of training topics fostering awareness and attitudes by perceived essentiality is presented in Table 3.2. *Inclusive, empathic, humane, and non-stigmatizing attitude* received the highest ranking, with all experts rating it as very important and absolutely essential. *Cultural sensitivity* and *Ethical conduct and non-maleficence* were the next highest-rated topics. The topics *Respect and perceiving the client as expert of their own experience*, *Awareness of limitations of one's own knowledge*, and *Awareness of the relevance of social identity, intersectionality, and context* followed. Slightly lower ratings were observed for *Cognitive and affective self-awareness, including awareness of one's own ethnocentrism*, *Cultural humility*, and *Openness and curiosity*. The lowest-ranked topic was *Reflection of one's own cultural background, identity, and position within structures of privilege and power*.

Table 3.2

Consensus and Item Rankings for Awareness and Attitude Training Topics

Item	Round 2		Round 3	
	Mdn (*IQR*)	Agr. (%)	*M*	*SD*
Inclusive, empathic, humane, and non-stigmatizing attitude	6.0 (0)	100.0	3.00	0.00
Cultural sensitivity	6.0 (0)	100.0	2.89	0.33
Ethical conduct and non-maleficence	6.0 (1)	100.0	2.89	0.33
Respect and perceiving the client as expert of their own experience	6.0 (1)	100.0	2.78	0.44
Awareness of limitations of one's own knowledge	6.0 (1)	100.0	2.78	0.44
Awareness of the relevance of social identity, intersectionality and context	6.0 (1)	100.0	2.78	0.44
Cognitive and affective self-awareness, including awareness of own ethnocentrism	6.0 (1)	100.0	2.67	0.50
Cultural humility	5.5 (1)	100.0	2.56	0.53
Openness and curiosity	6.0 (1)	100.0	2.56	0.53
Reflection of own cultural background, identity, and position within structures of privilege and power	5.5 (1)	100.0	2.44	0.73
Combining confidence in one’s professional therapeutic expertise with cultural humility	5.0 (1)	77.8		
Sense of humor	4.5 (2)	50.0		

Note. Agr. (%) = percentage agreement. In Round 2, items were rated for perceived importance, and consensus was defined as *Mdn* ≥ 5, *IQR* ≤ 1, and agreement ≥ 80%, with agreement representing the percentage of experts rating an item as 5 (“important”) or 6 (“very important”) on a 6-point Likert scale. In Round 3, experts rated each topic on a 3-point scale ranging from *1 = important, but not essential* to *3 = very important and absolutely essential*, with higher mean scores indicating greater perceived importance, and scores closer to 3 reflecting greater perceived essentiality.

3.2. Training Topics Fostering Knowledge

3.2.1. Item Development

From Round 1 data, a total of 124 units of meaning were deductively assigned to the category *A2 Training topics fostering Knowledge*. Based on these units of analysis, 33 items were inductively developed. The section was divided in three major subsections: 17 items formed part of *A2.1 General Topics*, seven items of *A2.2 Aspects Specific to Migration and Displacement*, and nine items of *A2.3 Aspects Specific to Sexual Orientation and Gender Identity*. The number of units of meanings supporting each item can be observed in Table 3.3, along with example quotes informing each item and descriptions of selected (sub-)section headings and items.

Within *A2.1 General Topics*, five subsections were formulated. As part of *A2.1.1 Definitions, Concepts and Theoretical Frameworks*, several foundational concepts emerged from the data, including *Discrimination and otherness*, *Diversity and intersectionality*, *Ecological systems theory*, *Human rights*, *Multiculturalism and interculturality*, *Social and cultural psychology*, *Social identity and location* and the concept of *Machismo*. *Ecological systems theory* was supported by expert references to micro- and macro-level influences in individuals' experiences. In regards to *Social identity and location*, experts expressed the relevance of understanding what role they can play in people's lives.

Within the subsection *A2.1.2 Critical Knowledge and Limitations*, the item *Cultural bias in science and research* emerged from expert concerns that the overrepresentation of certain cultural groups in psychological research may shape therapists' interest and comfort in working with clients from underrepresented groups.

As part of the subsection *A2.1.3 Cultural Influences on Experience and Behavior*, the topic of *Family systems and structures across cultures* comprises the relevance of diverse family structures and conceptualizations, which experts exemplified in the form of families headed by same-sex parents and multiethnic families. Furthermore, experts emphasized that intercultural competence requires both *Specific cultural group knowledge (characteristics, rituals, social rules, norms, and values)* and an understanding of *Universal psychological processes* that facilitate empathy across cultural contexts.

Within the subsection *A2.1.4 Lived Experiences of Minority Group Individuals*, the item *Common challenges of minority groups (e.g., experiences of discrimination)* captured

experts' emphasis on learning about difficulties clients may encounter due to their social identities, including specific instances of "cultural and religious marginalization."

Finally, the subsection *A2.1.5 Social, Historical and Legal Context, as well as Structural Factors* comprised items highlighting the broader societal contexts shaping clients' experiences. Experts emphasized the importance of understanding the *Historical perspectives on cultural minority groups* and their continuing effects on present-day communities. One expert further stressed the relevance of *Legal frameworks affecting families across cultural and national contexts*, particularly in cases of separation and child custody. In addition, experts conveyed the need to consider *Local contextual and sociopolitical factors*, including those shaping gender-related issues and intersectional experiences. Repeated calls to "contextualize ... teaching in the context of power and privilege" underscored the significance of *Power, privilege and structural inequalities*, including their social, economic, physical, and psychological consequences.

The category *A2.2 Aspects Specific to Migration and Displacement* comprised four subsections. *A2.2.1 Definitions, Concepts, and Theoretical frameworks*, subsumes *Cultural anthropology studies*. Further foundational concepts that were highlighted were *Migration* and *Racism*.

Within *A2.2.2 Cultural Influences on Experience and Behavior and Specific Cultural Group Knowledge*, *Communication styles*, including differences between direct and indirect communication, were emphasized as relevant. *Interethnic intimate relationships* was derived from the notion of learning about dynamics of intercultural relationships and marriages, including potential family conflicts and strategies for navigating cultural differences.

The subsection *A2.2.3 Lived Experiences of Minority Group Individuals* encompassed the item *Culture shock, adaptation difficulties, and sense of belonging*, which reflected understanding how immigration, experiences of otherness, and challenges related to adaptation and belonging can shape well-being and lived experiences.

Finally, the subsection *A2.2.4 Social, Historical and Legal Contexts, as well as Structural Factors* encompassed *Legal context of migration and asylum* based on the notion of understanding the specific circumstances affecting migrants and asylum seekers.

Two subsections resulted in the category *A2.3 Aspects specific to sexual orientation and gender identity*. Within the subsection *A2.3.1 Definitions, Concepts, and Theoretical Frameworks*, the foundational concepts *Sexual orientation and gender identity*, *LGBTQIA+*, *Comprehensive sexuality education*, *Gender studies* and *The evolution of feminism and types of feminism* were introduced. *Evolutionary perspectives on diversity in sexuality* encompasses the

understanding of sexual diversity as a natural aspect of biological variation, with diverse sexual behaviors observed across numerous species. The *Sex-positive approach* captures a non-judgmental and affirming stance toward consensual sexual practices in all their diversity.

The subsection *A2.3.2 Social, Historical and Legal Context, as well as Structural Factors*, comprised two items emphasizing the importance of understanding the structural conditions shaping the experiences of sexual and gender minority individuals. Experts highlighted the relevance of *Knowledge of minority stress and identity-affirmative therapeutic approaches*, drawing on experiences working with transgender clients. In addition, they stressed the need for *Knowledge of patriarchal structures and forms of gender-based violence*, including their psychological, economic, and social consequences.

Table 3.3

Knowledge Topics: Questionnaire Subsections and Items

Section/Subsection/Item	Units of Meaning	Example quote	Description
A.2 Training Topics Fostering Knowledge			Training topics that aim to increase psychotherapists' knowledge and understanding of cultural, social, historical, and structural factors relevant to working with clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds. This includes knowledge about cultural worldviews, minority group histories and life experiences, sociopolitical influences such as racism, discrimination and migration, as well as knowledge about how culture and social context may influence psychological processes, help-seeking behavior, and the provision of psychotherapy
A2.1 General Topics			
A2.1.1 Definitions, Concepts and Theoretical Frameworks			These topics refer to the understanding of key terms, core ideas, and theoretical models
Discrimination and otherness	4	"Otherness as a concept"	
Diversity and intersectionality	14	"diversity in all its forms (sexual, gender, ethnic, cultural, economic, and functional/disability)" [a]	

Section/Subsection/Item	Units of Meaning	Example quote	Description
Ecological Systems Theory	2	“Another useful concept was the ecology of systems with micro and macro levels.”	
Human rights	2	“In addition, I took courses and attended lectures on … human rights” [a]	
Multiculturalism and interculturality	4	“multiculturalism“	
Social and Cultural Psychology	1	“I have a master's degree in Social and cultural psychology that gave me the skills and knowledge to be open to work with diversity.”	
Social identity and social location	7	“WE need to know THAT culture, social location etc matters”	
Machismo	1	“Types of Machismo“ [a]	
A2.1.2 Critical Knowledge and Limitations			these topics refer to recognizing the boundaries of psychological knowledge
Cultural bias in science and research	1	“I think it's important to talk about cultural bias in science and therapy. If all the research is done with some groups they become the standard which means others are less interesting or relevant, or more frustrating to deal with.”	
A2.1.3 Cultural Influences on Experience and Behavior			these topics refer to understanding how culture shapes the way individuals perceive, interpret, and act in the world
Family systems and structures across cultures	5	“training for same-sex parent families“ [a]	

Section/Subsection/Item	Units of Meaning	Example quote	Description
Specific cultural group knowledge (characteristics, rituals, social rules, norms, and values)	18	"I would center that around the contents and components, as well as the rituals and social rules of each background"	
Universal psychological processes	1	"Learning about basic psychology and neuro-psychology helped a lot with this, particularly emotions and cognitive functions. These are universal to us, and create common building blocks for cultural experiences which means it is possible to empathize and approach others even without understanding all the nuance of their reality."	these topics refer to understanding the universal cognitive and emotional foundations of human experience as a basis for intercultural understanding
A2.1.4 Lived Experiences of Minority Group Individuals			these topics refer to understanding how people from marginalized or minority backgrounds experience their everyday lives
Common challenges of minority groups (e.g. experiences of discrimination)	10	"learning about struggles from different groups"	
A2.1.5 Social, Historical and Legal Context, as well as Structural Factors			these topics refer to understanding how broader societal conditions shape individuals' lives, and mental health
Historical perspectives on cultural minority groups	3	"Historical development of these backgrounds, and the impact it had on the minorities."	
Legal frameworks related to family and	1	"It would be helpful to have a better understanding of the legal context in different countries regarding custody of	

Section/Subsection/Item	Units of Meaning	Example quote	Description
child custody across cultures and nations		the child or children following a divorce or legal separation." [a]	
Local contextual and sociopolitical factors	5	"In general, understanding local context."	
Power, privilege, and structural inequalities	6	"I think it is important to contextualize such teaching in the context of power and privilege"	
A2.2 Aspects Specific to Migration and Displacement			
A2.2.1 Definitions, concepts, and theoretical frameworks			These topics refer to the understanding of key terms, core ideas, and theoretical models, particularly in the context of psychotherapy with migrated or displaced populations
Cultural anthropology studies	5	"Education in Gender Studies and Anthropology" [a]	
Migration	3	"migrants around the world" [a]	diverse migration processes, including economic migration, forced migration, and internal displacement
Racism	2	"Discrimination, as well as physical, psychological, workplace, and economic violence, have a significant impact on subjective well-being"	
A2.2.2 Cultural Influences on Experience and Behavior and Specific Cultural Group Knowledge			these topics refer to understanding how culture shapes individuals' perceptions, interpretations, and behaviors, particularly in the context of psychotherapy with migrated or displaced populations
Communication styles	1	"training on communication styles (direct-indirect, emotional-rational)" [a]	

Section/Subsection/Item	Units of Meaning	Example quote	Description
Interethnic intimate relationships	3	"interethnic marriages, in which expectations towards the partner are shaped by their background" [a]	
A2.2.3 Lived Experiences of Minority Group Individuals			these topics refer to understanding how people from marginalized or minority backgrounds experience their everyday lives, particularly in the context of psychotherapy with migrated or displaced populations
Culture shock, adaptation difficulties and sense of belonging	2	"culture shock, adaptation difficulties"	
A2.2.4 Social, Historical and Legal Context, as well as Structural Factors			these topics refer to understanding how broader societal conditions shape individuals' lives, and mental health, particularly in the context of psychotherapy with migrated or displaced populations
Legal context of migration and asylum	2	"workshops about the legal context of asylum seekers"	
A2.3 Aspects Specific to Sexual Orientation and Gender Identity			
A2.3.1 Definitions, Concepts, and Theoretical Frameworks			These topics refer to the understanding of key terms, core ideas, and theoretical models, particularly in the context of psychotherapy with clients belonging to sexual orientation or gender identity minorities
Sexual orientation and gender identity	7	"it is important to understand the difference between sexual orientation	broad concepts describing key aspects of identity across all individuals

Section/Subsection/Item	Units of Meaning	Example quote	Description
		and gender, the different kinds of identities and so on"	
LGBTQIA+	1	"LGBTIAQ+"	a collective term for specific minority identities and communities
Evolutionary perspectives on diversity in sexuality	2	"In university, the course on evolutionary psychology really helped me" [a]	
Sex-positive approach	2	"Sex therapy with a sex-positive, gender-informed approach" [a]	therapeutic stance that approaches sexuality as a natural and meaningful part of human life, recognizing the diversity in sexual desires, identities, and practices, while emphasizing respect, consent, and individual values
Comprehensive sexuality education	1	"I took courses and attended talks on Comprehensive Sexuality Education" [a]	
Gender studies	3	"Any topic related to gender" [a]	
The evolution of feminism and types of feminism	1	"Feminism through the ages" [a]	
A2.3.2 Social, Historical and Legal Context, as well as Structural Factors			these topics refer to understanding how broader societal conditions shape individuals' lives, and mental health, particularly in the context of psychotherapy with clients belonging to sexual orientation or gender identity minorities
Knowledge of minority stress and affirmative therapy approaches	1	"working with a young transgender person who decided to start hormone therapy" [a]	
Knowledge of patriarchal structures	3	"Gender-based violence" [a]	

Section/Subsection/Item	Units of Meaning	Example quote	Description
and forms of gender-based violence			

Note. Units of meaning represent coded segments from experts' responses that informed the development of the questionnaire items during the qualitative content analysis. Example quotes are included to illustrate the underlying content from which each questionnaire item was derived. Descriptions refer to the explanations provided to survey participants to facilitate a shared understanding of specific sections, subsections, or items.

[a] Quote originally in Spanish; English translation provided by the author.

3.2.2. Consensus

Overall, 21 of the 33 training topics fostering knowledge reached consensus in Round 2 and were retained for the Round 3 survey. All results of the consensus evaluation are presented in Table 3.4.

Within *A2.1 General Topics*, 14 items reached consensus, with six topics, namely *Social identity and social location*, *Machismo*, *Cultural bias in science and research*, *Family systems and structures across cultures*, *Common challenges of minority groups (e.g. experiences of discrimination)*, and *Power, privilege, and structural inequalities* even reaching 100% agreement among experts. In contrast, *Ecological systems theory*, *Specific cultural group knowledge (characteristics, rituals, social rules, norms, and values),* and *Historical perspectives on cultural minority groups* did not meet the predefined consensus criteria.

In *A2.2 Aspects Specific to Migration and Displacement*, four of seven topics reached consensus, with *Culture shock, adaptation difficulties, and sense of belonging* achieving 100% agreement. *Cultural anthropology studies*, *Interethnic intimate relationships*, and *Legal context of migration and asylum* failed to reach consensus. As a result, the subsection addressing *Social, Historical, and Legal Contexts, as well as Structural Factors* was eliminated.

A2.3 Aspects Specific to Sexual Orientation and Gender Identity contained three of nine topics meeting the predefined criteria. *Sexual orientation and gender identity* achieved 100% agreement, whereas topics such as *Evolutionary perspectives on diversity in sexuality*, *Sex-positive approach*, *Comprehensive sexuality education*, *Gender studies*, *The evolution of feminism and types of feminism*, and *Knowledge of minority stress and affirmative therapy approaches* did not reach consensus.

3.2.3. Ranking

The ranking of training topics fostering knowledge by perceived essentiality is presented in Table 3.4. *Sexual orientation and gender identity* received the highest rating. The next highest-rated topics were *Discrimination and otherness*, *Social and cultural psychology*, *Power, privilege, and structural inequalities*, *Racism*, and *Culture shock, adaptation difficulties, and sense of belonging*. Overall, ratings were high across topics, with most means exceeding 2.5. The lowest-ranked topics, with means below 2.5, were *Legal frameworks related to family and child custody across cultures and nations*, *Migration*, *Human Rights*, *Universal psychological processes*, *Communication styles*, and *LGBTQIA+*.

Table 3.4

Consensus and Item Rankings for Knowledge Training Topics

Item	Round 2		Round 3	
	Mdn (*IQR*)	Agr. (%)	*M*	*SD*
Sexual orientation and gender identity	5.5 (1)	100.0	2.89	0.33
Discrimination and otherness	5.5 (1)	91.7	2.78	0.44
Social and cultural psychology	5.5 (1)	83.3	2.78	0.44
Power, privilege, and structural inequalities	6.0 (1)	100	2.78	0.44
Racism	5.5 (1)	91.7	2.78	0.44
Culture shock, adaptation difficulties and sense of belonging	5.5 (1)	100.0	2.78	0.44
Diversity and intersectionality	6.0 (1)	91.7	2.67	0.50
Knowledge of patriarchal structures and forms of gender-based violence	6.0 (1)	83.3	2.67	0.50
Social identity and social location	5.0 (1)	100.0	2.67	0.71
Common challenges of minority groups (e.g. experiences of discrimination)	5.5 (1)	100.0	2.67	0.71
Multiculturalism and interculturality	6.0 (1)	91.7	2.56	0.53
Machismo	6.0 (1)	100.0	2.56	0.53
Cultural bias in science and research	6.0 (1)	100.0	2.56	0.53
Family systems and structures across cultures	5.0 (1)	100.0	2.56	0.53
Local contextual and sociopolitical factors	5.0 (1)	91.7	2.56	0.53
Legal frameworks related to family and child custody across cultures and nations	5.0 (1)	83.3	2.44	0.53
Migration	5.0 (1)	91.7	2.44	0.53
Human rights	6.0 (1)	83.3	2.44	0.73
Universal psychological processes	5.0 (1)	83.3	2.44	0.73
Communication styles	5.0 (1)	83.3	2.44	0.73
LGBTQIA+	6.0 (1)	91.7	2.44	0.73
Ecological systems theory	4.0 (3)	41.7		
Specific cultural group knowledge (characteristics, rituals, social rules, norms, and values)	5.0 (1)	75.0		
Historical perspectives on cultural minority groups	5.0 (2)	75.0		
Cultural anthropology studies	5.0 (1)	66.7		
Interethnic intimate relationships	4.5 (1)	50.0		

Item	Round 2		Round 3	
	Mdn (*IQR*)	Agr. (%)	*M*	*SD*
Legal context of migration and asylum	5.0 (2)	75.0		
Evolutionary perspectives on diversity in sexuality	4.0 (3)	33.3		
Sex-positive approach	4.0 (1)	41.7		
Comprehensive sexuality education	6.0 (2)	75.0		
Gender studies	6.0 (2)	66.7		
The evolution of feminism and types of feminism	5.5 (2)	58.3		
Knowledge of minority stress and affirmative therapy approaches	5.5 (2)	66.7		

Note. Agr. (%) = percentage agreement. In Round 2, items were rated for perceived importance, and consensus was defined as $Mdn \geq 5$, $IQR \leq 1$, and agreement ≥ 80%, with agreement representing the percentage of experts rating an item as 5 ("important") or 6 ("very important") on a 6-point Likert scale. In Round 3, experts rated each topic on a 3-point scale ranging from *1 = important, but not essential* to *3 = very important and absolutely essential*, with higher mean scores indicating greater perceived importance, and scores closer to 3 reflecting greater perceived essentiality.

3.3. Training Topics Fostering Skills

3.3.1. Item Development

From the expert panel's input in Round 1, a total of 67 units of meaning were deductively assigned to the category *A.3 Training Topics Fostering Skills.* Based on these units of meaning, 19 items were inductively developed. Items were organized into five subcategories: *A3.1 Adaptation and Responsiveness*, *A.2 Communication and Relational Skills, A.3 Exploration and Dialogue*, *A.4 Psychotherapy Perspectives and Knowledge Application*, and *A.5 Specific Tools*. Table 3.5 displays the number of units of meaning supporting each item, along with a list of example quotes informing each item and descriptions of selected (sub-)sections and items.

Within the subsection *A3.1 Adaptation and Responsiveness*, *Flexibility* and the *Referral to resources outside of psychotherapy that are tailored to specific minority groups* were stressed as areas experts would have wished more training in. Experts further highlighted the need of *Avoiding reductive interpretations and working with individual and cultural complexity* through recognizing the "heterogeneity in ... social identities" and avoiding premature assumptions. Considerations of social identity and clients' traditional, cultural, and family roles should inform the *Tailoring of (treatment) goals and interventions*.

As part of the subsection *A3.2 Communication and Relational Skills*, experts highlighted *Active listening* and *Perspective-taking and interpersonal sensitivity* as core training topics. *Building strong therapeutic alliances and navigating conflicts and misunderstandings across different value systems* reflected the importance of creating safe therapeutic environments, fostering trust, and being able to cross bridges of misunderstandings based on cultural variation. One expert emphasized the relevance of multilingualism in intercultural psychotherapy, which informed the item *Language classes*. The item *Neutral and inclusive language use* was derived from experts' emphasis on using respectful language and avoiding premature labeling.

Within the subsection *A3.3 Exploration and Dialogue*, experts emphasized the importance of *Recognition of potential biases in assessment and diagnostic processes* through acquiring diverse approaches to expand practitioners' diagnostic skill sets. They further highlighted the need for *Culturally sensitive and respectful exploration* of unfamiliar topics, including asking appropriate questions when encountering unknown themes.

Regarding *A3.4 Psychotherapy Perspectives and Knowledge Application*, experts highlighted the relevance of diverse therapeutic frameworks for fostering intercultural

competence. Spanish-speaking experts emphasized the contribution of *Feminist and gender-sensitive perspectives*, while references to *Intersectional, intercultural, and decolonial perspectives* underscored the importance of attending to power relations and multiple social identities. Experts further stressed the value of a *Sexual orientation-affirming perspective* in informing work with sexual minority couples and *Systemic perspectives* were identified as valuable based on positive educational experiences in this field.

Finally, *A3.5 Specific Tools* comprised therapeutic techniques and resources relevant to intercultural practice. Experts highlighted the value of *Therapeutic approaches incorporating arts*, while *music, storytelling, and traditional practices* were added during item refinement following supervisory feedback to capture a broader range of interventions. Further items emphasized competencies in *Designing and facilitating group-based interventions*, adopting *Resource-oriented and strengths-based approaches*, and *Working with interpreters* in therapeutic settings, while the inclusion of *cultural mediators* likewise resulted from supervisory feedback to broaden the scope of relevant professionals involved in intercultural settings.

Table 3.5

Skills Topics: Questionnaire Subsections and Items

Section/Subsection/Item	Units of Meaning	Example quote	Description
A.3 Training Topics Fostering Skills			Training topics that aim to develop psychotherapists' practical capacities to provide culturally responsive and effective psychotherapy with clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds. This includes developing culturally appropriate communication and intervention strategies, adapting therapeutic approaches to clients' cultural contexts, collaborating with community and cultural resources, addressing structural barriers affecting clients, and applying culturally sensitive assessment and therapeutic practices within psychotherapy.
A3.1 Adaptation and Responsiveness			these topics refer to the therapist's ability to flexibly adjust their approach to meet the cultural and individual needs, values, and circumstances of each client
Avoiding reductive interpretations and working with individual and cultural complexity	18	"there is a danger of cultural reductionism/simply getting it wrong"	Recognition and appreciation of individual differences and within-group cultural complexity, maintaining a non-reductionist perspective, and distinguishing cultural variation from atypical individual behavior
Flexibility	2	"Learning about diversity and flexibility"	

Section/Subsection/Item	Units of Meaning	Example quote	Description
Tailoring goals and interventions	7	“Intercultural skills: ... training sessions on various aspects of being a student or volunteer in another country, and how to address, prevent, and intervene in these situations.” [a]	Setting therapy goals in a culturally sensitive manner, integrating clients’ identity-related aspects into the therapeutic process, and identifying and working with clients’ values
Referral to resources outside of psychotherapy that are tailored to specific minority group	1	“I came with a specific question about how to report gender-based violence” [a]	e.g., community support groups, legal services
A3.2 Communication and Relational Skills			These topics refer to the therapist’s ability to interact effectively, respectfully, and sensitively with clients from diverse cultural backgrounds, and to build a strong therapeutic relationship across cultural differences
Active Listening	3	“Active listening“	
Building strong therapeutic alliances and navigating conflicts and misunderstandings across different value systems	4	“how to navigate conflicts due to different value systems”	
Perspective-taking and interpersonal sensitivity	3	“Challenging trainees to view from another person's view”	
Language classes	1	“Speaking another language helps” [a]	Language classes refer to structured courses focused on learning foreign languages (i.e., languages other than the therapist’s native language) to enhance communication in psychotherapy with linguistically diverse clients
Neutral and inclusive language use	2	“how to explore unknown themes in a respectul manner”	

Section/Subsection/Item	Units of Meaning	Example quote	Description
A3.3 Exploration and Dialogue			these topics refer to the therapist's ability to actively and collaboratively explore individual experiences and cultural meanings with the client through open, respectful conversation
Recognition of potential biases in assessment and diagnostic processes	2	"Diagnostic skills: training in psychometric and projective assessment techniques, etc." [a]	
Culturally sensitive and respectful exploration	8	"Ask questions to clients even if you don't know or don't understand something specific"	Ability to respectfully inquire about unfamiliar or unknown topics with the client and to assess the client's socioeconomic context
A3.4 Psychotherapy Perspectives and Knowledge Application			these topics refer to the therapist's ability to apply specific perspectives in a flexible and culturally responsive way within clinical practice
Feminist and gender-sensitive perspective	4	"Training on violence from a gender perspective" [a]	
Intersectional, intercultural, and decolonial perspective	3	"gender, intersectional, intercultural, and decolonial perspectives" [a]	
Sexual orientation-affirming perspective	1	"Support for same-sex couples" [a]	
Systemic perspectives	1	"This is particularly relevant in systemic therapy."	
A3.5 Specific Tools			these topics refer to the therapist's ability to apply specific psychotherapy tools and approaches in a flexible and culturally responsive way within clinical practice
Therapeutic approaches that incorporate arts, music, storytelling, and traditional practices	2	"ability to work with groups and art therapy" [a]	

Section/Subsection/Item	Units of Meaning	Example quote	Description
Designing and facilitating group-based interventions	2	"Skills in facilitating group sessions: University training in group intervention methods" [a]	
Resource-oriented and strengths-based therapeutic approach	2	"It helped me take into account both her strengths and limitations, and build on her strengths in the areas where she struggled the most." [a]	
Working with interpreters and cultural mediators	1	"working with translation"	

Note. Units of meaning represent coded segments from experts' responses that informed the development of the questionnaire items during the qualitative content analysis. Example quotes are included to illustrate the underlying content from which each questionnaire item was derived. Descriptions refer to the explanations provided to survey participants to facilitate a shared understanding of specific sections, subsections, or items.

[a] Quote originally in Spanish; English translation provided by the author.

3.3.2. Consensus

Overall, 12 of the 19 training topics fostering skills reached consensus in Round 2 and were retained for the Round 3 survey. All results of the consensus evaluation are presented in Table 3.6.

All items in *A3.1 Adaptation and Responsiveness* achieved consensus, with *Avoiding reductive interpretations and working with individual and cultural complexity* even receiving 100% expert agreement. In *A3.2 Communication and Relational Skills*, *Active listening*, *Building strong therapeutic alliances and navigating conflicts and misunderstandings across different value systems*, and *Perspective-taking and interpersonal sensitivity* achieved consensus with 100% agreement. In contrast, *Language classes* and *Neutral and inclusive language use* did not meet the predefined consensus criteria. Within the subsection *A3.3 Exploration and Dialogue*, both the item *Recognition of potential biases in assessment and diagnostic processes* and *Culturally sensitive and respectful exploration* achieved consensus with 100% agreement. As part of *A3.4 Psychotherapy perspectives and knowledge application*, only the items *Feminist and gender-sensitive perspective* and *Intersectional, intercultural, and decolonial perspective* reached consensus criteria and were thus included in the questionnaire for Round 3. As part of *A3.5 Specific tools*, exclusively the item *Resource-oriented and strengths-based therapeutic approach* fulfilled consensus requirements.

3.3.3. Ranking

The ranking of training topics fostering skills is presented in Table 3.6. *Active listening* received the highest rating, with all experts rating it as very important and absolutely essential. It was followed by *Building strong therapeutic alliances and navigating conflicts and misunderstandings across different value systems* and *Recognition of potential biases in assessment and diagnostic processes*. Overall, ratings were high across topics, with only *Referral to resources outside of psychotherapy tailored to specific minority groups* and *Resource-oriented and strengths-based therapeutic approach* receiving mean ratings below 2.5.

Table 3.6

Consensus and Item Rankings for Skills Training Topics

Item	Round 2		Round 3	
	Mdn (*IQR*)	Agr. (%)	*M*	*SD*
Active listening	6.0 (1)	100.0	3.00	0.00
Building strong therapeutic alliances and navigating conflicts and misunderstandings across different value systems	6.0 (1)	100.0	2.89	0.33
Recognition of potential biases in assessment and diagnostic processes	6.0 (1)	100.0	2.78	0.44
Avoiding reductive interpretations and working with individual and cultural complexity	6.0 (1)	100.0	2.67	0.50
Flexibility	6.0 (1)	91.7	2.67	0.50
Tailoring goals and interventions	6.0 (1)	91.7	2.67	0.50
Perspective-taking and interpersonal sensitivity	6.0 (1)	100.0	2.67	0.50
Culturally sensitive and respectful exploration	6.0 (1)	100.0	2.67	0.50
Intersectional, intercultural, and decolonial perspective	6.0 (1)	91.7	2.56	0.53
Feminist and gender-sensitive perspective	6.0 (1)	83.3	2.56	0.73
Referral to resources outside of psychotherapy that are tailored to specific minority group	5.0 (1)	83.3	2.33	0.71
Resource-oriented and strengths-based therapeutic approach	5.0 (1)	83.3	2.11	0.60
Language classes	4.0 (2)	41.7		
Neutral and inclusive language use	5.0 (1)	66.7		
Sexual orientation-affirming perspective	6.0 (2)	75.0		
Systemic perspectives	5.0 (2)	66.7		
Therapeutic approaches that incorporate arts, music, storytelling, and traditional practices	5.0 (3)	58.3		
Designing and facilitating group-based interventions	4.0 (2)	41.7		
Working with interpreters and cultural mediators	5.0 (2)	58.3		

Note. Agr. (%) = percentage agreement. In Round 2, items were rated for perceived importance, and consensus was defined as $Mdn \geq 5$, $IQR \leq 1$, and agreement ≥ 80%, with agreement representing the percentage of experts rating an item as 5 (“important”) or 6 (“very important”) on a 6-point Likert scale. In Round 3, experts rated each topic on a 3-point scale ranging from *1 = important, but not essential* to *3 = very important and absolutely essential*, with higher mean scores indicating greater perceived importance, and scores closer to 3 reflecting greater perceived essentiality.

3.4. Teaching Methods

3.4.1. Item Development

From the expert panel's input in Round 1, a total of 134 units of meaning were deductively assigned to the category *Teaching Methods*. Based on these, 21 items were inductively developed. The items were organized into five subsections. The number of units of meaning supporting each item are presented in Table 3.7, along with example quotes informing single items.

Within *B.1 Clinical Training*, experts identified experiential learning opportunities for developing intercultural competence. In particular, they highlighted the value of *Case-based learning*, referring to "case presentations" and "case studies," as well as *Clinical practice with real clients* and *Supervision*, especially in intercultural contexts. One expert further suggested that *Recording and reviewing therapy sessions* may enhance intercultural learning. In addition, *Working with interpreters* was identified as an important learning opportunity, while *cultural mediators* were added during questionnaire refinement following supervisory feedback to broaden the scope of interdisciplinary collaboration.

The subsection *B.2 Didactic and Content-Based Methods* comprised a range of learning resources, including *Audiobooks*, *Individual research and reading*, *Lectures*, as well as *Movies, series, video clips, and documentaries*. Although *Multiple-choice tests* did not emerge directly from the qualitative data, they were included in the Round 2 survey based on indirect support from experts who indicated that all example teaching methods presented as prompts in a follow-up question (see Annex E) were useful.

Within *B.3 Experiential and Reflective Methods*, experts emphasized active learning approaches such as *Hands-on exercises and activities*, *Perspective-taking exercises*, and *Role play*. Similar to *Multiple-choice tests*, *Culture simulators* were included based on indirect expert support through endorsement of the teaching methods presented in a follow-up question.

The subsection *B.4 Exposure and Contact* highlighted the value of direct engagement with cultural diversity as a means of fostering intercultural competence. Experts emphasized the role of *Field and community observation* in deepening understanding of cultural phenomena, as well as *Intercultural exchange and contact (e.g., volunteer service in local communities*) opportunities such as living abroad, intercultural relationships, working with culturally diverse clients or colleagues, and community engagement. They further

recommended *Involving individuals from minority groups in teaching and discussion* to offer contact opportunities.

The subsection *B.5 Interactive and Collaborative Methods* emphasized the value of collaborative learning formats for fostering intercultural competence. Experts highlighted *Group discussions and debates (e.g. fishbowl technique)*, as well as *Participatory teaching methods* and *Workshops*. They further stressed the benefits of *Multidisciplinary exchange*, with one expert reporting positive experiences in supervision groups involving professionals such as social workers, nurses, and teachers.

Since the items in this section were considered self-explanatory, only the *Teaching Methods* heading was accompanied by a description which read: “Educational or pedagogical approaches used in psychotherapy training to facilitate the development of intercultural competence, including methods that promote experiential learning, reflection, discussion, observation, or practice.”

Table 3.7

Teaching Methods: Questionnaire Subsections and Items

Item	Units of Meaning	Example quotes
B.1 Clinical Training		
Case-based learning	7	"case presentations"
Clinical practice with real clients	25	"Clinical internships at an institution" [a]
Recording and reviewing therapy sessions	1	"having sessions, taping them and rewatching them"
Supervision	6	"Psychoanalytical supervison with supervisors from different countries"
Working with interpreters and cultural mediators	2	"interpreters"
B.2 Didactic and Content-Based Methods		
Audiobooks	2	"the audiobook "Can the Monster Speak?" by Paul B. Preciado" [a]
Individual research and reading	10	"some research and read up on cases"
Lectures	1	"Lectures" [a]
Movies, series, video clips, and documentaries	6	"media (TV shows, movies, books, audiobooks, talks)" [a]
Multiple-choice tests	2	"Over time all of the above." [b]
B.3 Experiential and Reflective Methods		
Culture simulators	2	"All of these." [b]
Hands-on exercises and activities	11	"More practical teaching methods" [a]
Perspective-taking exercises	1	"Challenging trainees to view from another person's view"
Role play	4	"More role-playing exercises" [a]
B.4 Exposure and Contact		
Field and community observation	4	"It also helped me a lot to investigate and observe a phenomenon in the field, and then theorize about it." [a]
Intercultural exchange and contact (e.g. volunteer	31	"It would also be good to offer opportunities for study abroad and student exchanges, so that students are

Item	Units of Meaning	Example quotes
service in local communities)		exposed to people from different backgrounds" [a]
Involvement of individuals from minority groups in teaching and discussion	4	"So my recommendation would be to invite people from these groups to the university to talk about their lives, identities, cultures, and so on." [a]
B.5 Interactive and Collaborative Methods		
Group discussions and debates (e.g. fishbowl technique)	9	"discussions with peers"
Multidisciplinary exchange groups (e.g. with teachers and nurses)	1	"supervison, interpersonal and in groups with other professional background, like social workers teacher and nurses"
Participatory teaching methods	1	"Teaching methods that are more practical, experiential, and participatory." [a]
Workshops	4	"Ongoing refresher workshops on current topics" [a]

Note. Units of meaning represent coded segments from experts' responses that informed the development of the questionnaire items during the qualitative content analysis. Example quotes are included to illustrate the underlying content from which each questionnaire item was derived.

[a] Quote originally in Spanish; English translation provided by the author. [b] Included in Round 2 based on indirect expert support, as participants endorsed a set of teaching methods mentioned as prompts in a follow-up question in Section B that included this method, despite it not being explicitly named in Round 1.

3.4.2. Consensus

Overall, 8 of the 21 teaching methods reached consensus and were retained for the Round 3 survey. No teaching method achieved 100% agreement among experts. All results of the consensus evaluation are presented in Table 3.8.

Within *B.1 Clinical Training*, *Case-Based Learning*, *Clinical Practice With Real Clients*, and *Supervision* met the predefined consensus criteria, whereas *Recording and reviewing therapy sessions* and *Working with interpreters and cultural mediators* did not. No item in *B.2 Didactic and Content-Based Methods* reached consensus, resulting in the elimination of this subsection from the Round 3 survey. In *B.3 Experiential and Reflective Methods*, exclusively *Perspective-taking exercises* exceeded the predefined consensus criteria. Within *B.4 Exposure and contact*, *Field and community observation* and *Involvement of individuals from minority groups in teaching and discussion* reached consensus, whereas *Intercultural exchange and contact* did not. In the subsection *B.5 Interactive and collaborative methods*, both *Participatory teaching methods* and *Workshops* exceeded the consensus threshold, while the remaining two items did not.

3.4.3. Ranking

The ranking of teaching methods is presented in Table 3.8. *Clinical practice with real clients* received the highest rating. *Case-based learning*, *Field and community observation*, *Supervision*, and *Involvement of individuals from minority groups in teaching and discussion* followed. The lowest-rated methods were *Participatory teaching methods*, *Perspective-taking exercises*, and *Workshops*.

Table 3.8

Consensus and Item Rankings for Teaching Methods

Item	Round 2		Round 3	
	Mdn (*IQR*)	Agr. (%)	*M*	*SD*
Clinical practice with real clients	6.0 (1)	91.7	2.78	0.44
Case-based learning	5.0 (1)	91.7	2.44	0.53
Field and community observation	5.0 (1)	83.3	2.44	0.53
Supervision	5.0 (1)	83.3	2.44	0.73
Involvement of individuals from minority groups in teaching and discussion	5.0 (1)	91.7	2.44	0.73

Item	Round 2		Round 3	
	Mdn (*IQR*)	Agr. (%)	*M*	*SD*
Participatory teaching methods	5.0 (1)	83.3	2.33	0.71
Perspective-taking exercises	6.0 (1)	83.3	2.11	0.78
Workshops	5.0 (1)	83.3	2.11	0.78
Recording and reviewing therapy sessions	5.0 (1)	58.3		
Working with interpreters and cultural mediators	5.0 (1)	58.3		
Audiobooks	4.0 (2)	33.3		
Individual research and reading	5.0 (2)	66.7		
Lectures	4.5 (1)	50.0		
Movies, series, video clips, and documentaries	4.0 (1)	33.3		
Multiple-choice tests	2.5 (3)	0.0		
Culture simulators	5.0 (2)	66.7		
Hands-on exercises and activities	5.0 (2)	75.0		
Role play	5.0 (2)	75.0		
Intercultural exchange and contact (e.g. volunteer service in local communities)	5.5 (2)	75.0		
Group discussions and debates (e.g. fishbowl technique)	5.0 (2)	66.7		
Multidisciplinary exchange groups (e.g. with teachers and nurses)	5.0 (2)	58.3		

Note. Agr. (%) = percentage agreement. In Round 2, items were rated for perceived effectiveness, and consensus was defined as $Mdn \geq 5$, $IQR \leq 1$, and agreement ≥ 80%, with agreement representing the percentage of experts rating an item as 5 (“effective”) or 6 (“very effective”) on a 6-point Likert scale. In Round 3, experts rated each method on a 3-point scale ranging from *1 = effective, but not essential* to *3 = very effective and absolutely essential*, with higher mean scores indicating greater perceived effectiveness, and scores closer to 3 reflecting greater perceived essentiality.

CHAPTER 4

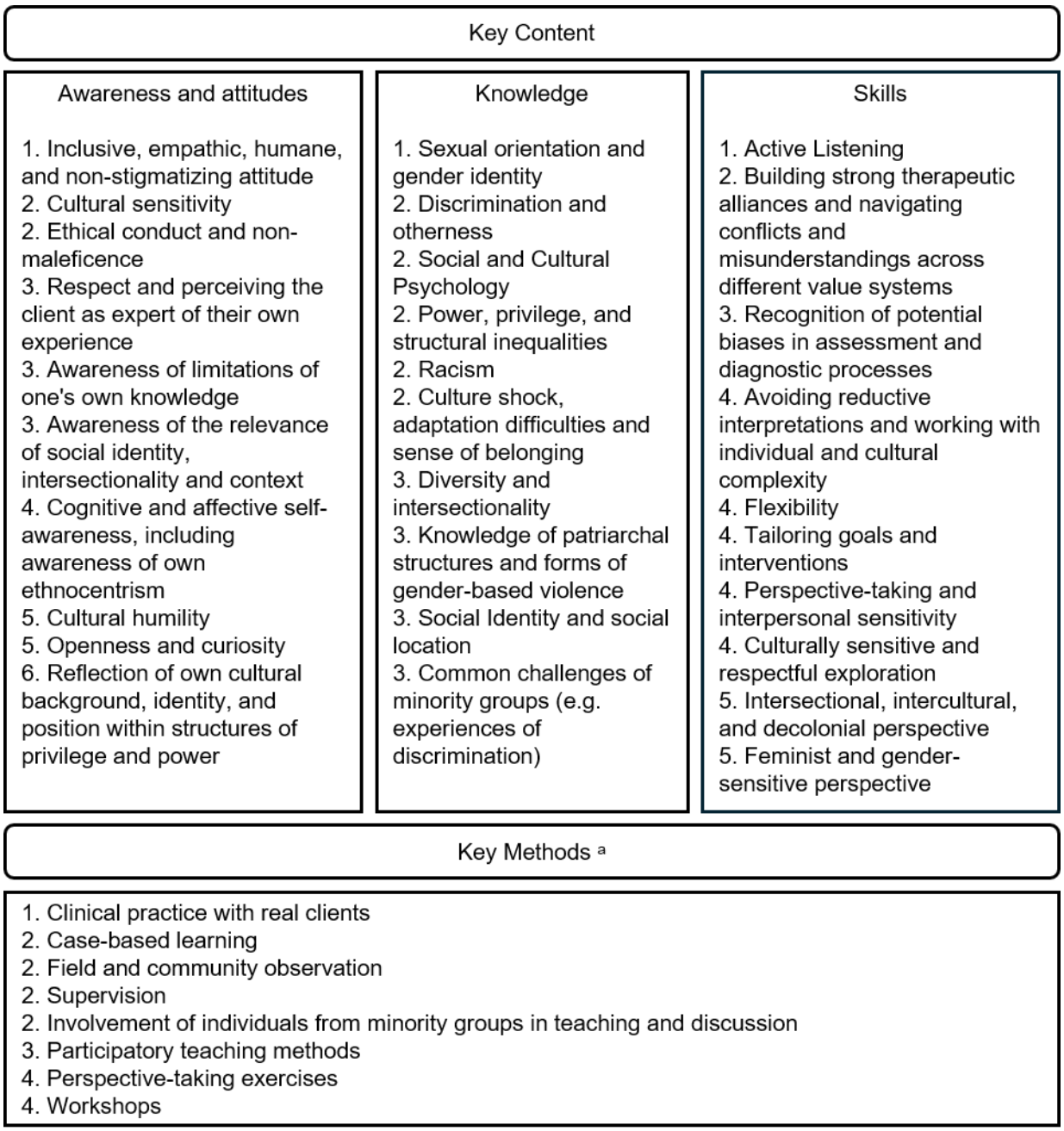
Discussion

4.1. Main Findings

This study aimed to identify topics and methods for intercultural competence training for psychotherapists working with migrant, refugee, and LGBTQ+ populations by expert consensus regarding their perceived importance and effectiveness. Beyond that, the study aimed to provide an expert-informed prioritization of these topics and methods, highlighting those considered not only important or effective but essential components of training. The panel comprised experts practicing across diverse geographical contexts, including both the Global North and Global South, thereby representing a broad range of professional and cultural perspectives. The ten highest-ranked topics from each content domain, as well as the highest-ranked teaching methods, are presented in Figure 4.1. Additional bar charts providing a visual overview of these topics and methods are presented in Figures 4.2–4.5 (see Annex M).

Figure 4.1

Set of Topics and Methods for Intercultural Competence Training for Psychotherapists



Note. The figure displays the 10 highest-ranked items in each section according to their mean score (*M*). Lower rank values indicate higher priority. Ranks are repeated when items received identical mean scores, resulting in tied ranks.

[a] The *Key methods* section includes only eight items, as these were the only items that reached consensus in Round 2.

Overall, the findings largely converge with international guidelines on culturally responsive practice with migrant, refugee, and LGBTQ+ populations, while extending them through expert-informed prioritization of content and teaching methods. The findings overlap considerably with the WHO's (2021) competency-based standards for practitioners working with refugees and migrants, for example, regarding the emphasis on referrals to specialized and legal services, flexibility, cultural sensitivity, awareness of intersectionality, systems of power and privilege, institutional discrimination, and reflection on one's own cultural background. All of these aspects likewise reached expert consensus in this study. Similarly, several findings align with guidelines for psychological practice with LGBTQ+ clients (Boroughs et al., 2015; APA, 2021). In particular, supervision and clinical practice as methods, as well as the topics of discrimination and intersectionality (Boroughs et al., 2015), and sexual orientation and gender identity (APA, 2021) achieved expert consensus in this study.

While there is general convergence with global guidelines, some single findings showed discrepancies. The item *Working with interpreters and cultural mediators* neither achieved consensus as a skill-based training topic nor as a teaching method, which is noteworthy given the prominent role interpreters and cultural mediators are assigned in international guidelines (WHO, 2021). However, the absence of consensus is not entirely surprising given research indicating psychotherapists' subjective barriers (Gartner et al., 2024). Among psychotherapists, concerns have been raised about interpreters and cultural mediators altering therapeutic dynamics by positioning the therapist as the "cultural other" (Kluge et al., 2017), creating feelings of exclusion from the patient-interpreter dyad (Hanft-Robert et al., 2023) and loss of control (Chang et al., 2021). Taken together, the lack of consensus may reflect the perceived challenges associated with integrating interpreters and cultural mediators into psychotherapy. This suggests that, if they are to be successfully implemented, training may need to address practitioners' concerns and develop competencies for working in triadic settings.

The topic *Neutral and inclusive language use* in the skills section did not achieve consensus, despite its emphasis in general healthcare guidelines for culturally diverse populations (WHO, 2021) and psychology-specific guidelines (APA, 2023; Boroughs et al., 2015), which advocate for culturally responsive, bias-free, person-first and identity-first language. Furthermore, inclusive language has been identified as an important means of reducing discrimination based on ethnicity and gender, among other characteristics, thereby promoting social justice and health equity (Bradley, 2024). While difficulties with correct pronoun use are recognized as microaggressions (Rosati et al., 2022), inclusive language practices have been associated with improved health outcomes among transgender and

nonbinary clients (Motiff et al., 2025). Against this background, it is noteworthy that experts did not provide consensus on neutral and inclusive language use as an important topic. One possible explanation may lie in the expertise of the panelists, as all experts had experience in intercultural psychotherapy settings and several reported gender-sensitive practice. As a result, inclusive language may have been viewed as a basic ethical prerequisite already assumed in clinical work, rather than a distinct target of intercultural competence training.

Interestingly, the concept of *Machismo* emerged as a consensually endorsed knowledge topic and received a mean ranking above 2.5, with five experts rating it as absolutely essential. Notably, it has not been explicitly highlighted in previous Delphi studies on diversity competence in European healthcare contexts (Sorensen et al., 2023; Ziegler et al., 2022), and is only briefly referenced in APA (2021) guidelines for psychological practice with sexual minority persons. *Machismo* is conceptualized as encompassing, on the one hand, aspects of sexism, aggression, and hypermasculinity, and on the other hand, family-centeredness, nurturance, and chivalry, and is therefore not reducible to sexism (Arciniega et al., 2008). It has been proposed as relevant for culturally responsive practice, for example with individuals from diverse Latin American backgrounds (Arciniega et al., 2008; Asencio, 2011), in general healthcare (Guemes et al., 2018) or psychotherapy specifically (Zayas & Torres, 2009). One possible explanation for the mentioning of this topic in the present study may lie in the composition of the expert panel, which included several practitioners from Latin American countries working with gender-sensitive approaches and clinicians working with Latin American migrant and refugee populations. In this regard, the diversity of the expert panel may have helped surface context-specific, important dimensions of intercultural competence that are less prominently represented in European- or US-American-focused training frameworks.

Regarding the skills domain, the finding that *Active listening* and *Building strong therapeutic alliances and navigating conflicts and misunderstandings across different value systems* received consensus and the highest prioritization ratings corresponds with general psychotherapy effectiveness research. The therapeutic alliance is consistently identified as one of the most robust common factors across psychotherapy approaches (Cuijpers et al., 2019; Wampold, 2015), underscoring its central role. Likewise, active listening has been shown to strengthen the therapeutic relationship and enhance person-centered care (Haley et al., 2017; Tustonja et al., 2024) and is highlighted as a core training component by the World Association for Person-Centered and Experiential Psychotherapy and Counseling (Bohart, 2025). Taken together, these skill-related content priorities align with broader psychotherapy research on core mechanisms of therapeutic change.

In relation to Sue's (2001) cultural competence framework, the present study provides support for the relevance of all three dimensions, awareness, knowledge, and skills, as experts identified consensus across items representing each domain. However, the findings also suggest a clear tendency regarding the relative importance of these domains.

In particular, the item on *Specific cultural group knowledge* did not reach consensus within the knowledge domain. This finding aligns with Ziegler et al.'s (2022) Delphi study on diversity competencies, in which neither knowledge of religions nor of specific cultures achieved consensus. In contrast, the majority of awareness- and attitude-related items did reach consensus in both studies, suggesting a shared prioritization of reflective competencies over culture-specific knowledge. This pattern is consistent with current psychotherapy research emphasizing patient-centered care, which spotlights individualized assessment of each client's cultural context (Kirmayer, 2025) and reflective professional stance (Stingl & Hanewald, 2025), rather than reliance on generalized knowledge about cultural groups. Similarly, cultural adaptation frameworks for psychosocial interventions (Day et al., 2023) and culturally adapted psychotherapy approaches (Naeem et al., 2023) increasingly stress tailoring interventions to individual sociocultural contexts, explanatory models of illness, and personalized treatment planning. Reflecting this shift, one expert stated: "I consider every person a culture I try to learn about." This resonates with longstanding critiques of cultural competence models that warn about static knowledge conceptualizations, arguing instead for dynamic, context-sensitive approaches (Fisher-Borne et al., 2015). In accordance with this, one expert noted: "I am dubious about the concept of therapeutic expertise." Consistently, the item *Respect and perceiving the client as expert of their own experience* achieved consensus, reinforcing a client-centered and humble stance. More broadly, these findings align with contemporary calls to move beyond a dichotomy between cultural competence and cultural humility toward integrated frameworks (Bangs et al., 2022; Campinha-Bacote, 2018; Hussen et al., 2020; Nguyen et al., 2021). Within this perspective, cultural humility complements competence-based approaches by emphasizing reflexivity, openness, and lifelong learning, which is reflected in the experts' high prioritization of *Awareness of limitations of one's own knowledge*, consistent with intercultural competence as an ongoing learning process in guidelines for work with sexual and gender minority clients (Boroughs et al., 2015).

In contrast to Ziegler et al.'s (2022) suggestion that practitioners in applied settings may prioritize concrete knowledge components in intercultural training, whereas individuals in research contexts may place greater emphasis on awareness, adopting a more critical stance toward knowledge-based expertise conceptions, the present study did not replicate this pattern.

All participants in this expert panel were practicing psychotherapists and nevertheless reached consensus on all awareness- and attitude-related items, with the exception of *Sense of humor* and *Combining confidence in one's professional therapeutic expertise with cultural humility*.

Moreover, the findings align with a broader literature trend conceptualizing cultural competence not only as an individual attribute but also as a systems-level and institutional capacity (Kirmayer, 2012). This is further reflected in the ecosocial perspective on mental health (Kirmayer, 2019), which emphasizes sociopolitical and economic factors of influence. In the present study, this structural orientation emerged in consensus on topics including decolonial perspectives, sociopolitical context, intersectionality, and social identity, as well as reflection of one's own cultural background and position within structures of privilege and power, and knowledge of patriarchal systems and gender-based violence. Acknowledging this, one expert explicitly stated "I think it is important to contextualize such teaching in the context of power and privilege". These findings are consistent with emerging approaches that explicitly address structural inequalities, such as the concept of cultural safety (Curtis et al., 2019), which emphasizes actively addressing power asymmetries in healthcare. This notion has also been integrated in recent cultural competence frameworks, as exemplified by the Cultural Competence for Equity and Inclusion model (Goodman, 2020). Overall, the findings suggest that considerations of power, privilege, and structural inequality are not external to intercultural competence, but can be meaningfully integrated, as demonstrated by the experts' expressions in this study.

Ziegler et al. (2022) adopted the term diversity competence rather than (inter-)cultural competence to capture a broader range of social identities, responding to earlier concerns that cultural competence frameworks may reduce cultural diversity to race or ethnicity (Ridley et al., 2001) and tend to treat culture as something belonging to the racialized or ethnic "Other" (Kumaş-Tan et al., 2007). Similarly, qualitative research has shown that practitioners frequently conceptualize cultural competence primarily in relation to ethnically diverse groups (Mollah et al., 2018). In contrast, conceptualizations of culture have increasingly expanded to include dimensions, such as social class, disability, religion, age, sexual orientation, and gender identity (Arredondo et al., 1996; Israel & Selvidge, 2003; Lago, 2016; Moodley & Lubin, 2008). Correspondingly, cultural competence frameworks have been extended in a similar manner (Chu et al., 2022; Margolies & Brown, 2019). The present study reflects this broader orientation. Experts identified several aspects related to sexual orientation and gender identity as relevant to intercultural competence, including *LGBTQIA+* and *Knowledge of patriarchal structures and forms of gender-based violence*, with *Sexual orientation and gender identity*

even receiving the highest overall prioritization within the knowledge domain. This directly addresses concerns raised by Ziegler et al. (2022) regarding the invisibility of non-ethnic dimensions of diversity within competence models. More broadly, the findings highlight the importance of clearly defining culture and diversity in intercultural competence training, which experts stressed in prioritizing concepts from *Social and cultural psychology* and regarding *Diversity and intersectionality* in teaching, suggesting that conceptual framing is crucial for translating a broadened understanding of cultural competence into practice.

In general, it was observable that teaching methods did not receive equally consistent support as the awareness, knowledge, and skills-related topics. Whereas most content-based items achieved consensus, the majority of proposed teaching methods did not, and also received overall lower prioritization scores in Round 3, with only *Clinical practice with real clients* exceeding a mean score of 2.5. This pattern suggests that experts agreed more readily on what topics are important for intercultural psychotherapy training than on how these topics should be conveyed. One explanation may be the heterogeneity of the expert panel, as previous research indicates that cultural factors such as age and national background can shape preferred learning styles and teaching approaches (Ortega-Dela Cruz, 2020; Shum et al., 2024). Another possibility could be that key content for intercultural competence training may be more salient to experts than specific teaching methods, as intercultural competence may be best developed through a combination of various pedagogical approaches, making it difficult to identify single most effective methods.

4.2. Main Implications

4.2.1. Theoretical implications

Overall, the study supports Sue's (2001) tridimensional model of cultural competence with experts providing meaningful input in each dimension. Additionally, the results contribute to ongoing theoretical transformations that broaden intercultural competence to the system level and situate it within broader systems of power and privilege (Kirmayer, 2012). They also support the integration of concepts such as cultural humility and cultural safety, emphasizing reflexivity, equity, and the structural determinants of care as relevant for intercultural competence (Campinha-Bacote, 2018).

In addition, the study adds to the expanding perspective of *culture* being conceptualized as a mosaic construct, integrating identities beyond ethnicity and nationality,

including age, gender, and others (Chao & Moon, 2005; Zolfaghari et al., 2016). Furthermore, this study backs up understandings of culture as a dynamic, intersectional, and context-dependent construct rather than a fixed set of group-related characteristics (Danso, 2018).

4.2.2. Practical implications

This study identifies a concrete, prioritized set of educational content that experts across diverse geographic and national contexts perceived as essential, and teaching methods they considered effective for fostering intercultural competence in psychotherapists working with migration-, displacement-, and LGBTQ+-related issues, thereby addressing gaps identified in previous research and guidelines. In doing so, it responds to calls for research specifying essential training components for work with sexual minority clients (APA, 2021) and recommendations for psychotherapy-specific intercultural competence training (Bhui et al., 2007). By translating abstract, general intercultural competence frameworks for health workers into concrete, expert-informed priorities for psychotherapists, the study provides a practical foundation for more equitable and inclusive psychotherapy training and mental healthcare.

Additionally, the findings support intercultural competence as a core component of psychotherapist education rather than an optional add-on, as the expert panel identified multiple topics as essential. This is in line with conclusions of other Delphi studies on diversity competence in healthcare stating its necessity to not just be implemented as an additional training content that risks exoticizing the ethnic and national "other" (Ziegler et al., 2022). Instead, it supports calls to implement more fluid conceptualizations of culture in healthcare education, that prioritize ongoing attention to each client's specific sociocultural context (Zanting et al., 2020), and for "mainstreaming culture" (Moleiro, 2018, p. 4) in psychotherapeutic training and practice.

At the level of professional standards, the results further support the inclusion of intercultural competence as a formal requirement in frameworks such as the EuroPsy standards of the EFPA (2025), and provide a concise, expert-informed set of educational elements to facilitate its integration into psychotherapy training. The convergence of expert perspectives from multiple linguistic and national contexts strengthens the relevance of these competencies beyond a single national training tradition and supports ongoing efforts toward the standardization of intercultural competence training in psychotherapy education.

4.3. Limitations

Firstly, the findings are shaped by the specific composition of the expert panel, which consisted of practitioners working with migrant, refugee, and LGBTQ+ populations. As Sorensen et al. (2023) also note in their Delphi study, different expert compositions, for example including practitioners working primarily with older individuals, would likely have produced different priorities and consensus outcomes. In the present study, this is reflected in the fact that the majority of *Aspects Specific to Sexual Orientation and Gender Identity* were proposed by Spanish-speaking participants, most of whom practiced in Argentina and reported the use of gender-informed approaches. A different panel composition may have led to different emphases of topics. The expert panel is also not representative due to the use of purposive and snowball sampling. The findings reflect a highly selected group of practitioners actively engaged in intercultural psychotherapy, who may be driven by particular personal or professional interest in this field. Despite their expertise, it remains an open question whether the same topics and methods would be perceived as equally relevant or effective by practitioners with less prior interest in or exposure to intercultural contexts. Additionally, the results reflect group consensus (Trevelyan & Robinson, 2015), while not constituting evidence of effectiveness.

Moreover, participant attrition was observed across rounds, likely due to the length and repetitive nature of the study design (Humphrey-Murto et al., 2017). As a result, the final ranking results reflect only the responses of experts who completed all rounds.

In addition, the study was pre-structured by limiting the process to three rounds and by providing items formulated by the researcher. Consequently, opportunities for fully open-ended expert input were constrained, and the stability of individual responses was not assessed (Belton et al., 2019). These choices may have set boundaries on the completely free formation of expert expression. Another limitation is the use of a three-point scale in Round 3, which restricted the analytical possibilities through the ordinal nature of the scale, similar to Ziegler et al.'s (2022) Delphi study.

4.4. Outlook on Future Research

Future research could examine the transferability of the identified consensus patterns by replicating the study with different compositions of expert panels. In this regard, the geographic and professional scope of Delphi panels could be expanded by including practitioners from additional cultural and national contexts, namely Asian and African contexts and Indigenous Peoples, as well as those working with different client populations, such as older adults or

individuals with disabilities. This would allow for a more comprehensive understanding of intercultural competence training for psychotherapists across different settings and populations.

In addition, the effectiveness of the identified training topics and methods should be examined using experimental and longitudinal designs, including randomized controlled trials as demanded in previous reviews on cultural competence interventions (Osmancevic et al., 2025). Research on teaching methods could be expanded (Jernigan et al., 2016), investigating the perceived feasibility and effectiveness of different educational approaches, in combination or for transmitting particular types of knowledge, skills, and attitudes, in relation to different learner groups and cultural contexts. In regards to claims that intercultural competence has to be considered as a characteristic of systems (Kirmayer, 2012), future research will have to examine system-level interventions regarding feasibility and effectiveness to reduce healthcare disparities, as called for by McCalman et al. (2017). A further direction is the inclusion of service users' perspectives in the development and evaluation of intercultural competence training components, aligning with the cultural safety framework (Curtis et al., 2019; Ramsden, 2015).

Building on questions raised by Ziegler et al. (2022), future research could further examine whether disciplinary background, for example medicine or psychology, or professional context, applied or in research, influences preferences for knowledge-based versus awareness-based components of intercultural competence training. Finally, future work should contribute to greater conceptual clarity by addressing ongoing calls for standardization and consistency in terminology within intercultural competence research (Truong et al., 2014), in order to strengthen the cumulative achievements of the field.

4.5. Conclusion

Based on expert consensus, this Delphi study identified and prioritized key topics and teaching methods for fostering intercultural competence in psychotherapists working with migrant, refugee, and LGBTQ+ populations. The findings highlight the importance of integrating awareness-, knowledge-, and skills-based content, with particular emphasis on clinical practice opportunities. Consistent with the growing emphasis on person-centered care, the findings stress the importance of reflective awareness of therapists' own position within systems of power and privilege and of understanding the impact of sociopolitical contexts on clients' mental health.

Despite its limitations, this study contributes to the development of increasingly standardized intercultural competence training for psychotherapists across international contexts and provides a foundation for future curriculum development as well as professional training, contributing to more inclusive and culturally sensitive care. Future research should include effectiveness studies, incorporate additional varieties of expert and service-receiver perspectives, and investigate whether the prioritization of educational methods varies across cultural contexts. Additionally, future research should aim to elaborate increasing conceptual clarity of the cultural competence concept.

References

Aggarwal, N. K., Jarvis, G. E., Gómez-Carrillo, A., Kirmayer, L. J., & Lewis-Fernández, R. (2020). The Cultural Formulation Interview since DSM-5: Prospects for training, research, and clinical practice. *Transcultural Psychiatry*, *57*(4), 496–514. https://doi.org/10.1177/1363461520940481

Aggarwal, N. K., Lam, P., Castillo, E. G., Weiss, M. G., Diaz, E., Alarcón, R. D., Van Dijk, R., Rohlof, H., Ndetei, D. M., Scalco, M., Aguilar-Gaxiola, S., Bassiri, K., Deshpande, S., Groen, S., Jadhav, S., Kirmayer, L. J., Paralikar, V., Westermeyer, J., Santos, F., … Lewis-Fernández, R. (2016). How Do Clinicians Prefer Cultural Competence Training? Findings from the DSM-5 Cultural Formulation Interview Field Trial. *Academic Psychiatry*, *40*(4), 584–591. https://doi.org/10.1007/s40596-015-0429-3

Akbulut, N., & Razum, O. (2022). Why Othering should be considered in research on health inequalities: Theoretical perspectives and research needs. *SSM - Population Health, 20*, 101286. https://doi.org/10.1016/j.ssmph.2022.101286

Akinhanmi, M. O., Biernacka, J. M., Strakowski, S. M., McElroy, S. L., Balls-Berry, J. E., Merikangas, K. R., Assari, S., McInnis, M. G., Schulze, T. G., LeBoyer, M., Tamminga, C., Patten, C., & Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: A call to action. *Bipolar Disorders, 20*(6), 506–514. https://doi.org/10.1111/bdi.12638

American Psychological Association. (2017a). *Ethical principles of psychologists and code of conduct.* https://www.apa.org/ethics/code/ethics-code-2017.pdf

American Psychological Association. (2017b). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality.* https://www.apa.org/about/policy/multicultural-guidelines.pdf

American Psychological Association. (2021). *Guidelines for Psychological Practice with Sexual Minority Persons*. https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf

American Psychological Association. (2023). *Inclusive language guide* (2nd ed.). https://www.apa.org/about/apa/equity-diversity-inclusion/language-guide.pdf

Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G. (2008). Toward a fuller conception of Machismo: Development of a traditional Machismo and Caballerismo Scale. *Journal of Counseling Psychology, 55*(1), 19–33. https://doi.org/10.1037/0022-0167.55.1.19

Armat, M., Assarroudi, A., Rad, M., Sharifi, H., & Heydari, A. (2018). Inductive and deductive: Ambiguous labels in qualitative content analysis. *The Qualitative Report, 23*(1), 219–221. https://doi.org/10.46743/2160-3715/2018.2872

Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24*(1), 42–78. https://doi.org/10.1002/j.2161-1912.1996.tb00288.x

Asencio, M. (2011). "Locas," Respect, and Masculinity: Gender Conformity in Migrant Puerto Rican Gay Masculinities: Gender Conformity in Migrant Puerto Rican Gay Masculinities. *Gender & Society, 25*(3), 335-354. https://doi.org/10.1177/0891243211409214

Atzor, M. C., Andersson, G., von Lersner, U., & Weise, C. (2024). Effectiveness of internet-based training on psychotherapists' transcultural competence: A randomized

controlled trial. *Journal of Cross-Cultural Psychology, 55*(3), 260-277. https://doi.org/10.1177/00220221231221095

Ayhan, C. H. B., Bilgin, H., Uluman, O. T., Sukut, O., Yilmaz, S., & Buzlu, S. (2020). A systematic review of the discrimination against sexual and gender minority in health care settings. *International Journal of Health Services, 50*(1), 44–61. https://doi.org/10.1177/0020731419885093

Bangs, D., Hayward, L. M., & Donlan, P. (2022). Cultural competence and cultural humility: A dialogue on adopting a multimodel approach in physical therapist education. *Journal of Physical Therapy Education, 36*(2), 128-132. https://doi.org/10.1097/JTE.0000000000000230

Barrett, D., & Heale, R. (2020). What are Delphi studies? *Evidence Based Nursing*, *23*(3), 68–69. https://doi.org/10.1136/ebnurs-2020-103303

Baumann Montecinos, J., & Grünfelder, T. (2022). What if we focus on developing commonalities? Results of an international and interdisciplinary Delphi study on transcultural competence. *International Journal of Intercultural Relations*, *89*, 42–55. https://doi.org/10.1016/j.ijintrel.2022.05.001

Beach, M. C., Price, E. G., Gary, T. L., Robinson, A., Gozu, A., Palacio, A., Smarth, C., Jenckes, M. W., Feuerstein, C., Bass, E. B., & Cooper, L. A. (2005). Cultural competency: A systematic review of health care provider educational interventions. *Medical Care, 43(4), 356–373*. https://doi.org/10.1097/01.mlr.0000156861.58905.96

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

Belton, I., MacDonald, A., Wright, G., & Hamlin, I. (2019). Improving the practical application of the Delphi method in group-based judgment: A six-step prescription for a well-founded and defensible process. *Technological Forecasting and Social Change*, *147*, 72–82. https://doi.org/10.1016/j.techfore.2019.07.002

Benuto, L. T., Casas, J., & O'Donohue, W. T. (2018). Training culturally competent psychologists: A systematic review of the training outcome literature. *Training and Education in Professional Psychology, 12*(3), 125–134. https://doi.org/10.1037/tep0000190

Benuto, L. T., Singer, J., Gonzalez, F., Casas, J., & Ruork, A. (2021). How do clinicians define cultural sensitivity?: A mixed methods study. *International Journal of Mental Health, 50*(2), 151-167. https://doi.org/10.1080/00207411.2020.1830611

Berke, D. S., Maples-Keller, J. L., & Richards, P. (2016). LGBTQ perceptions of psychotherapy: A consensual qualitative analysis. *Professional Psychology: Research and Practice, 47*(6), 373–382. https://doi.org/10.1037/pro0000099

Berndt, A. E. (2020). Sampling methods. *Journal of Human Lactation, 36*(2), 224–226. https://doi.org/10.1177/0890334420906850

Bochicchio, L., Reeder, K., Ivanoff, A., Pope, H., & Stefancic, A. (2022). Psychotherapeutic interventions for LGBTQ+ youth: A systematic review. *Journal of LGBT Youth, 19*(2), 152–179. https://doi.org/10.1080/19361653.2020.1766393

Bohart, A. C. (2025). 'Speaking in order to listen': Teaching person-centered psychotherapy to non-person-centered therapists. *Person-Centered & Experiential Psychotherapies, 24*(4), 391–409. https://doi.org/10.1080/14779757.2024.2441982

Bolarinwa, O., & Nkansah, D. A. (2025). A scoping review of cultural competence training gaps among healthcare professionals in low-and middle-income countries. *BMC*

Health Services Research, 25(1), 1589. https://doi.org/10.1186/s12913-025-13844-w

Boroughs, M. S., Bedoya, C. A., O'Cleirigh, C., & Safren, S. A. (2015). Toward defining, measuring, and evaluating LGBT cultural competence for psychologists. *Clinical Psychology: Science and Practice, 22*(2), 151–171. https://doi.org/10.1111/cpsp.12098

Bhui, K., Warfa, N., Edonya, P., McKenzie, K., & Bhugra, D. (2007). Cultural competence in mental health care: A review of model evaluations. *BMC Health Services Research*, *7*(1), 15. https://doi.org/10.1186/1472-6963-7-15

Bradley, P. K. (2024). Using Inclusive Language in Nursing Education: When Words Matter. *Journal of Nursing Education, 63*(4), 203–204. https://doi.org/10.3928/01484834-20240312-01

Bränström, R., & Pachankis, J. E. (2020). Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. *American Journal of Psychiatry*, *177*(8), 727–734. https://doi.org/10.1176/appi.ajp.2019.19010080

Butt, J., Clayton, K., Gardner, Z., Huijbers, K., Jeraj, S., Neale, R., Roberts, K., Whelan, A., Islam-Barret, F., & Wong, G. (2015). *Better practice in mental health for black and minority ethnic communities*. Mental Health Providers Forum & Race Equality Foundation. https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/Better-practice-in-mental-health.pdf

Calliess, I. T., Ziegenbein, M., Gosman, L., Schmauß, M., Berger, M., & Machleidt, W. (2008). Interkulturelle Kompetenz in der Facharztausbildung von Psychiatern in Deutschland: Ergebnisse einer Umfrage [Intercultural competence in the psychiatric training curriculum in Germany: Results of a survey]. *GMS Journal for Medical Education, 25*(3), Doc92. https://www.egms.de/en/journals/zma/2008-25/zma000576.shtml

Campinha-Bacote, J. (2018). Cultural competemility: A paradigm shift in the cultural competence versus cultural humility debate–Part I. *Online Journal of Issues in Nursing, 24*(1), 1-10. https://doi.org/10.3912/OJIN.Vol24No01PPT20

Casey, L. S., Reisner, S. L., Findling, M. G., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. *Health Services Research*, *54*(S2), 1454–1466. https://doi.org/10.1111/1475-6773.13229

Chae, D., Kim, H., Yoo, J. Y., & Lee, J. (2019). Agreement on Core Components of an E-Learning Cultural Competence Program for Public Health Workers in South Korea: A Delphi Study. *Asian Nursing Research*, *13*(3), 184–191. https://doi.org/10.1016/j.anr.2019.04.005

Chang, D. F., Hsieh, E., Somerville, W. B., Dimond, J., Thomas, M., Nicasio, A., Boiler, M., & Lewis-Fernández, R. (2021). Rethinking Interpreter Functions in Mental Health Services. *Psychiatric Services, 72*(3), 353–357. https://doi.org/10.1176/appi.ps.202000085

Chao, G. T., & Moon, H. (2005). The Cultural Mosaic: A Metatheory for Understanding the Complexity of Culture. *Journal of Applied Psychology*, *90*(6), 1128–1140. https://doi.org/10.1037/0021-9010.90.6.1128

Christalle, E., Zeh, S., Hahlweg, P., Kriston, L., Härter, M., Zill, J., & Scholl, I. (2022). Development and content validity of the Experienced Patient-Centeredness Questionnaire (EPAT)—A best practice example for generating patient-reported measures from qualitative data. *Health Expectations*, *25*(4), 1529–1538. https://doi.org/10.1111/hex.13494

Chu, W., Wippold, G., & Becker, K. D. (2022). A systematic review of cultural competence trainings for mental health providers. *Professional Psychology: Research and Practice*, *53*(4), 362–371. https://doi.org/10.1037/pro0000469

Clark, K., Pachankis, J., Khoshnood, K., Bränström, R., Seal, D., Khoury, D., Fouad, M. F., Barbour, R., & Heimer, R. (2021). Stigma, displacement stressors and psychiatric morbidity among displaced Syrian men who have sex with men (MSM) and transgender women: A cross-sectional study in Lebanon. *BMJ Open, 11*(5), e046996. https://doi.org/10.1136/bmjopen-2020-046996

Collazos, F., Malagón-Amor, Á., Falgas-Bague, I., Qureshi, A., Ginés, J. M., del Mar Ramos, M., McPeck, S., Hussain, I., Wang, Y., & Alegría, M. (2021). Treating immigrant patients in psychiatric emergency rooms. *Transcultural Psychiatry, 58*(1), 126–139. https://doi.org/10.1177/1363461520916697

Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. CASSP Technical Assistance Center, Georgetown University Child Development Center.

Cuijpers, P., Reijnders, M., & Huibers, M. J. H. (2019). The Role of Common Factors in Psychotherapy Outcomes. *Annual Review of Clinical Psychology, 15*(1), 207–231. https://doi.org/10.1146/annurev-clinpsy-050718-095424

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health, 18*, 174. https://doi.org/10.1186/s12939-019-1082-3

Danso, R. (2018). Cultural competence and cultural humility: A critical reflection on key cultural diversity concepts. *Journal of Social Work, 18*(4), 410–430. https://doi.org/10.1177/1468017316654341

Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan, T. A., Hook, J. N., & Van Tongeren, D. R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling & Development, 94*(4), 483–493. https://doi.org/10.1002/jcad.12107

Day, S., Laver, K., Jeon, Y.-H., Radford, K., & Low, L.-F. (2023). Frameworks for cultural adaptation of psychosocial interventions: A systematic review with narrative synthesis. *Dementia, 22*(8), 1921–1949. https://doi.org/10.1177/14713012231192360

DeBlaere, C., Zelaya, D. G., Dean, J.-A. B., Chadwick, C. N., Davis, D. E., Hook, J. N., & Owen, J. (2023). Multiple microaggressions and therapy outcomes: The indirect effects of cultural humility and working alliance with Black, Indigenous, women of color clients. *Professional Psychology: Research and Practice, 54*(2), 115–124. https://doi.org/10.1037/pro0000497

Decker, H., Combs, R. M., Noonan, E. J., Black, C., & Weingartner, L. A. (2024). LGBTQ+ microaggressions in health care: Piloting an observation framework in a standardized patient assessment. *Journal of Homosexuality, 71*(2), 528–544. https://doi.org/10.1080/00918369.2022.2122367

Denecke, K., May, R., LLMHealthGroup, & Rivera Romero, O. (2024). Potential of Large Language Models in Health Care: Delphi Study. *Journal of Medical Internet Research*, *26*, e52399. https://doi.org/10.2196/52399

Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric services, 67*(3), 265-274. https://doi.org/10.1176/appi.ps.201500004

Dickson, G. L., & Jepsen, D. A. (2007). Multicultural training experiences as predictors of multicultural competencies: Students' perspectives. *Counselor Education and Supervision, 47*(2), 76-95. https://doi.org/10.1002/j.1556-6978.2007.tb00040.x

Dreachslin, J. L., Gilbert, M. J., & Malone, B. (2012). *Diversity and cultural competence in health care: A systems approach*. John Wiley & Sons.

Drescher, J., & Fadus, M. (2020). Issues arising in psychotherapy with lesbian, gay, bisexual, and transgender patients. *Focus, 18*(3), 262–267. https://doi.org/10.1176/appi.focus.20200001

Drewniak, D., Krones, T., & Wild, V. (2017). Do attitudes and behavior of health care professionals exacerbate health care disparities among immigrant and ethnic minority groups? An integrative literature review. *International journal of nursing studies, 70*, 89-98. https://doi.org/10.1016/j.ijnurstu.2017.02.015

Drinane, J., Owen, J., & Kopta, M. (2016). Racial/ethnic disparities in psychotherapy: Does the outcome matter? *TPM - Testing, Psychometrics, Methodology in Applied Psychology, 23*(4), 531–544. https://doi.org/10.4473/TPM23.4.7

Dumke, L., & Neuner, F. (2023). Othering refugees: Psychotherapists' attitudes toward patients with and without a refugee background. *Psychotherapy Research*, *33*(5), 654–668. https://doi.org/10.1080/10503307.2022.2150097

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

Etikan, V., & Bala, K. (2017). Sampling and sampling methods. *Biometrics & Biostatistics International Journal, 5*(6), 215–217. https://doi.org/10.15406/bbij.2017.05.00149

European Federation of Psychologists' Associations (EFPA). (2025). *EuroPsy: European standard and certificate in psychology set by the European Federation of Psychologists' Associations AISBL (EFPA): Regulations*. https://www.efpa.eu/wp-content/uploads/2026/04/EuroPsy-Regulations-2025.pdf

European Union Agency for Fundamental Rights. (2020). *A long way to go for LGBTI equality*. Publications Office of the European Union. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-lgbti-equality-technical-report_en.pdf

Faber, S. C., Khanna Roy, A., Michaels, T. I., & Williams, M. T. (2023). The weaponization of medicine: Early psychosis in the Black community and the need for racially informed mental healthcare. *Frontiers in Psychiatry, 14,* 1098292. https://doi.org/10.3389/fpsyt.2023.1098292

Firth, N., Delgadillo, J., Kellett, S., & Lucock, M. (2020). The influence of socio-demographic similarity and difference on adequate attendance of group psychoeducational cognitive behavioural therapy. *Psychotherapy Research, 30*(3), 362–374. https://doi.org/10.1080/10503307.2019.1589652

Fisher, K. (2021). An experiential model for cultivating cultural humility and embodying antiracist action in and outside the social work classroom. *Advances in Social Work, 21*(2/3), 690-707. https://doi.org/10.18060/24184

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165–181. https://doi.org/10.1080/02615479.2014.977244

Flaskerud, J. H., & Hu, L.-T. (1992). Relationship of ethnicity to psychiatric diagnosis. *The Journal of Nervous and Mental Disease, 180*(5), 296–303. https://doi.org/10.1097/00005053-199205000-00003

Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing, 27*(3), 210-217. https://doi.org/10.1177/1043659615592677

Gartner, K., Mösko, M., Becker, J. C., & Hanft-Robert, S. (2024). Barriers to use of interpreters in outpatient mental health care: Exploring the attitudes of psychotherapists. *Transcultural Psychiatry, 61*(2), 285–297. https://doi.org/10.1177/13634615241227337

Gerlach, A. J. (2012). A critical reflection on the concept of cultural safety. *Canadian Journal of Occupational Therapy, 79*(3), 151–158. https://doi.org/10.2182/cjot.2012.79.3.4

Goodman, D. J. (2020). Cultural competence for equity and inclusion: A framework for individual and organizational change. *Understanding and Dismantling Privilege, 10*(1), 41-60. https://wpcjournal.com/article/view/20246

Graneheim, U. H., Lindgren, B.-M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, *56*, 29–34. https://doi.org/10.1016/j.nedt.2017.06.002

Gran-Ruaz, S., Feliciano, J., Bartlett, A., & Williams, M. T. (2022). Implicit racial bias across ethnoracial groups in Canada and the United States and Black mental health. *Canadian Psychology / Psychologie canadienne, 63*(4), 608–622. https://doi.org/10.1037/cap0000323

Green, R. A. (2014). The Delphi Technique in Educational Research. *Sage Open*, *4*(2), 2158244014529773. https://doi.org/10.1177/2158244014529773

Greene-Moton, E., & Minkler, M. (2020). Cultural competence or cultural humility? Moving beyond the debate. *Health promotion practice, 21*(1), 142-145. https://doi.org/10.1177/1524839919884912

Grove, N. J., & Zwi, A. B. (2006). Our health and theirs: Forced migration, othering, and public health. *Social Science & Medicine, 62*(8), 1931–1942. https://doi.org/10.1016/j.socscimed.2005.08.061

Guemes, M. A., Gonzalez, Y., & Gonzalez, Y. (2018). Impact Assessment of Culturally Competent Nutrition Trainings on Diabetes Type II Control to Male Latinos/Hispanics. *Journal of Nutrition & Food Sciences, 8*(2). https://doi.org/10.4172/2155-9600.1000671

Guilherme, M., & Dietz, G. (2015). Difference in diversity: multiple perspectives on multicultural, intercultural, and transcultural conceptual complexities. *Journal of Multicultural Discourses, 10*(1), 1-21. https://doi.org/10.1080/17447143.2015.1015539

Gureje, O., Lewis-Fernandez, R., Hall, B. J., & Reed, G. M. (2019). Systematic inclusion of culture-related information in ICD-11. *World Psychiatry*, *18*(3), 357–358. https://doi.org/10.1002/wps.20676

Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. *Cureus, 9*(4), e1184. https://doi.org/10.7759/cureus.1184

Haley, B., Heo, S., Wright, P., Barone, C., Rao Rettiganti, M., & Anders, M. (2017). Relationships among active listening, self-awareness, empathy, and patient-centered care in associate and baccalaureate degree nursing students. *NursingPlus Open, 3*, 11–16. https://doi.org/10.1016/j.npls.2017.05.001

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health, 105*(12), e60–e76. https://doi.org/10.2105/AJPH.2015.302903

Hallmann-Perez, C., Gerlach, A. L., & Slotta, T. (2025). Racial microaggressions in psychotherapy dyads: Addressing subtle forms of racism mitigates their negative

relation with working alliance and improvement. *Zeitschrift für Psychologie, 233*(3), 182–192. https://doi.org/10.1027/2151-2604/a000588

Hanft-Robert, S., Lindberg, L. G., Mösko, M., & Carlsson, J. (2023). A balancing act: How interpreters affect the therapeutic alliance in psychotherapy with trauma-affected refugees—a qualitative study with therapists. *Frontiers in Psychology, 14*, 1175597. https://doi.org/10.3389/fpsyg.2023.1175597

Hardy, B. J., Filipenko, S., Smylie, D., Ziegler, C., & Smylie, J. (2023). Systematic review of Indigenous cultural safety training interventions for healthcare professionals in Australia, Canada, New Zealand and the United States. *BMJ open, 13*(10), e073320. https://doi.org/10.1136/bmjopen-2023-073320

Harkness, A., Soulliard, Z. A., Layland, E. K., Behari, K., Rogers, B. G., Bharat, B., Safren, S. A., & Pachankis, J. E. (2024). Implementing LGBTQ-affirmative cognitive-behavioral therapy: Implementation strategies across five clinical trials. *Implementation Science Communications, 5*(1), 124. https://doi.org/10.1186/s43058-024-00657-x

Hernandez, A., Plant, E. A., Sachs-Ericsson, N., & Joiner Jr, T. E. (2005). Mental health among Hispanics and Caucasians: Risk and protective factors contributing to prevalence rates of psychiatric disorders. *Journal of anxiety disorders, 19*(8), 844-860. https://doi.org/10.1016/j.janxdis.2004.11.002

Hobfoll, S. E. (1989). Conservation of resources: a new attempt at conceptualizing stress. *American psychologist, 44*(3), 513. https://doi.org/10.1037/0003-066X.44.3.513

Hofstede, G. (2011). Dimensionalizing Cultures: The Hofstede Model in Context. *Online Readings in Psychology and Culture, 2*(1). https://doi.org/10.9707/2307-0919.1014

Homan, J. B., Talbott, M. M., & Holliday, M. (2025). Clients' reasons for dropping out of therapy: A qualitative study. *Counselling and Psychotherapy Research, 25*(1), e12882. https://doi.org/10.1002/capr.12882

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L. Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https://doi.org/10.1037/a0032595

Hsu, C.-C., & Sandford, B. A. (2007). The Delphi technique: Making sense of consensus. *Practical Assessment, Research, and Evaluation, 12*(1), 10. https://doi.org/10.7275/pdz9-th90

Hudelson, P., Dogra, N., Hendrickx, K., Verdonk, P., Essink-Bot, M.-L., & Suurmond, J. (2016). The challenges of integrating cultural competence into undergraduate medical curricula across Europe: Experience from the C2ME "Culturally competent in medical education" project. *MedEdPublish, 5*, 10. https://doi.org/10.15694/mep.2016.000010

Huey, S. J., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The Contribution of Cultural Competence to Evidence-Based Care for Ethnically Diverse Populations. *Annual Review of Clinical Psychology*, *10*(1), 305–338. https://doi.org/10.1146/annurev-clinpsy-032813-153729

Humphrey-Murto, S., Varpio, L., Gonsalves, C., & Wood, T. J. (2017). Using consensus group methods such as Delphi and Nominal Group in medical education research. *Medical Teacher*, *39*(1), 14–19. https://doi.org/10.1080/0142159X.2017.1245856

Hussen, S. A., Kuppalli, K., Castillo-Mancilla, J., Bedimo, R., Fadul, N., & Ofotokun, I. (2020). Cultural competence and humility in infectious diseases clinical practice and research. *The Journal of Infectious Diseases, 222*(Suppl. 6), S535–S542. https://doi.org/10.1093/infdis/jiaa227

Israel, T., & Selvidge, M. M. (2003). Contributions of multicultural counseling to counselor competence with lesbian, gay, and bisexual clients. *Journal of Multicultural Counseling and Development, 31*(2), 84-98. https://doi.org/10.1002/j.2161-1912.2003.tb00535.x

Iudici, A., Colombo, L., Caravita, S. C. S., Cottone, P., & Neri, J. (2024). The Invisible Discrimination: Biases in the clinical approach regarding migrants: A study to help ethnopsychology services and clinicians. *Behavioral Sciences, 14*(3), 155. https://doi.org/10.3390/bs14030155

Jernigan, V. B. B., Hearod, J. B., Tran, K., Norris, K. C., & Buchwald, D. (2016). An examination of cultural competence training in U.S. medical education guided by the Tool for Assessing Cultural Competence Training. *Journal of Health Disparities Research and Practice, 9*(3), 150–167.

Jünger, S., Payne, S. A., Brine, J., Radbruch, L., & Brearley, S. G. (2017). Guidance on Conducting and REporting DElphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. *Palliative Medicine*, *31*(8), 684–706. https://doi.org/10.1177/0269216317690685

Kanakam, N. (2022). Therapists' Experiences of Working with Ethnic Minority Females with Eating Disorders: A Qualitative Study. *Culture, Medicine, and Psychiatry*, *46*(2), 414–434. https://doi.org/10.1007/s11013-021-09721-w

Kempenaar, L. E., & Shanmugam, S. (2018). Inclusionary othering: A key threshold concept for healthcare education. *Medical Teacher, 40*(9), 969–970. https://doi.org/10.1080/0142159X.2017.1403575

Kent, T., & Suh, J. W., Lewis, G., Saunders, R., Davies, N. M., Lewis, G., Dolby, L., & Buckman, J. E. J. (2025). Psychological therapy outcomes by sexual orientation and gender: A retrospective cohort study. *Psychological Medicine, 55*, Article e212. https://doi.org/10.1017/S0033291725101220

Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry*, *49*(2), 149–164. https://doi.org/10.1177/1363461512444673

Kirmayer, L. (2019). Toward an ecosocial psychiatry. *World Social Psychiatry*, *1*(1), 30. https://doi.org/10.4103/WSP.WSP_9_19

Kirmayer, L. J. (2025). Cultural competence in psychotherapy. *World Psychiatry, 24*(3), 341–342. https://doi.org/10.1002/wps.21340

Kirmayer, L. J., Fung, K., Rousseau, C., Lo, H. T., Menzies, P., Guzder, J., Ganesan, S., Andermann, L., & McKenzie, K. (2021). Guidelines for Training in Cultural Psychiatry. *The Canadian Journal of Psychiatry*, *66*(2), 195–246. https://doi.org/10.1177/0706743720907505

Kluge, U., Romero, B., & Hodzic, S. (2017). Psychotherapeutische Versorgung geflüchteter Menschen mit Sprach-und Kulturmittlern [Psychotherapeutic care for refugees with the help of language and cultural mediators]. *Swiss Archives of Neurology, Psychiatry and Psychotherapy, 168*(5), 133-139.

Krijtenburg-Lewerissa, K., Pol, H. J., Brinkman, A., & Van Joolingen, W. R. (2019). Key topics for quantum mechanics at secondary schools: A Delphi study into expert opinions. *International Journal of Science Education*, *41*(3), 349–366. https://doi.org/10.1080/09500693.2018.1550273

Krystallidou, D., Temizöz, Ö., Wang, F., de Looper, M., Di Maria, E., Gattiglia, N., Giani, S., Hieke, G., Morganti, W., Pace, C. S., Schouten, B., & Braun, S. (2024). Communication in refugee and migrant mental healthcare: A systematic rapid review on the needs, barriers and strategies of seekers and providers of mental health services. *Health Policy, 139*, Article 104949. https://doi.org/10.1016/j.healthpol.2023.104949

Kumaş-Tan, Z., Beagan, B., Loppie, C., MacLeod, A., & Frank, B. (2007). Measures of cultural competence: examining hidden assumptions. *Academic medicine : journal of the Association of American Medical Colleges, 82*(6), 548–557. https://doi.org/10.1097/ACM.0b013e3180555a2d

Kunst, J. R., & Bierwiaczonek, K. (2023). Utilizing AI questionnaire translations in cross-cultural and intercultural research: Insights and recommendations. *International Journal of Intercultural Relations*, *97*, 101888. https://doi.org/10.1016/j.ijintrel.2023.101888

Kuo, B. C. H., Soucie, K., & Huang, S. (2020). Developing Clinical Trainees' Multicultural Counseling Competencies Through Working with Refugees in a Multicultural Psychotherapy Practicum: A Mixed-Methods Investigation. *International Journal for the Advancement of Counselling*, *42*(3), 249–268. https://doi.org/10.1007/s10447-019-09392-8

Lago, C. (2016). On becoming a person-centred therapist for these contemporary times: Suggestions for professional development in the context of diversity. In C. Lago & D. Charura (Eds.), *The person-centred counselling and psychotherapy handbook: Origins, developments and current applications* (pp. 288–300). Open University Press.

Lam, K., Iqbal, F. M., Purkayastha, S., & Kinross, J. M. (2021). Investigating the Ethical and Data Governance Issues of Artificial Intelligence in Surgery: Protocol for a Delphi Study. *JMIR Research Protocols*, *10*(2), e26552. https://doi.org/10.2196/26552

Lawson, W. B., Hepler, N., Holladay, J., & Cuffel, B. (1994). Race as a factor in inpatient and outpatient admissions and diagnosis. *Psychiatric Services, 45*(1), 72–74. https://doi.org/10.1176/ps.45.1.72

Lea, T., Brener, L., Lambert, S., Whitlam, G., & Holt, M. (2021). Treatment outcomes of a lesbian, gay, bisexual, transgender and queer alcohol and other drug counselling service in Australia: A retrospective analysis of client records. *Drug and Alcohol Review, 40*(7), 1358–1368. https://doi.org/10.1111/dar.13303

Lee, C. G. (2012). Reconsidering Constructivism in Qualitative Research. *Educational Philosophy and Theory*, *44*(4), 403–412. https://doi.org/10.1111/j.1469-5812.2010.00720.x

Lehti, V., Kieseppä, V., Gissler, M., Suvisaari, J., & Markkula, N. (2025). Psychotherapy use among migrants: a register-based longitudinal study. *Journal of Epidemiology & Community Health, 79*(1), 49–55. https://doi.org/10.1136/jech-2024-222330

Leibowitz-Nelson, S., Nassar, S., & Dari, T. (2024). Multicultural and social justice competencies for school stakeholders: A Delphi study. *Journal of Counselor Leadership and Advocacy*, *11*(1), 16–34. https://doi.org/10.1080/2326716X.2023.2282767

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Program Evaluation*, *1986*(30), 73–84. https://doi.org/10.1002/ev.1427

Loue, S., Wilson-Delfosse, A., & Limbach, K. (2015). Identifying Gaps in the Cultural Competence/Sensitivity Components of an Undergraduate Medical School Curriculum: A Needs Assessment. *Journal of Immigrant and Minority Health*, *17*(5), 1412–1419. https://doi.org/10.1007/s10903-014-0102-z

Lumivero. (2026). *NVivo* [Computer software]. https://lumivero.com/nvivo

MacLean, T. L., Qiang, J. R., Henderson, L., Bowra, A., Howard, L., Pringle, V., Butsang, T., Rice, E., Di Ruggiero, E., & Mashford-Pringle, A. (2023). Indigenous cultural safety training for applied health, social work, and education professionals: A

PRISMA scoping review. *International Journal of Environmental Research and Public Health, 20*(6), 5217. https://doi.org/10.3390/ijerph20065217
Mak, A. S., & Shaw, T. L. (2015). Perceptions of intercultural social challenges: Towards culturally competent counselling practice. *Journal of Psychologists and Counsellors in Schools, 25*(2), 183-199. https://doi.org/10.1017/jgc.2015.13
Margolies, L., & Brown, C. G. (2019). Increasing cultural competence with LGBTQ patients. *Nursing2025, 49*(6), 34-40. https://doi.org/10.1097/01.NURSE.0000558088.77604.24
Marotta, V. (2014). The multicultural, intercultural and the transcultural subject. In F. Mansouri & B. Ebanda de B'béri (Eds.), *Global perspectives on the politics of multiculturalism in the 21st century: A case study analysis* (pp. 90–102). Routledge. https://doi.org/10.4324/9781315769332
Martin, J. N. (2015). Revisiting intercultural communication competence: Where to go from here. *International Journal of Intercultural Relations, 48*, 6-8. https://doi.org/10.1016/j.ijintrel.2015.03.008
Matsumoto, D. R., & Juang, L. P. (2004). *Culture and psychology* (3rd ed.). Wadsworth/Thomson Learning.
Mayring, P. (2000). Qualitative content analysis. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 1*(2), Article 20. https://doi.org/10.17169/fqs-1.2.1089
McAuliffe, M., & Oucho, L. A. (Eds.). (2024). *World migration report 2024*. International Organization for Migration. https://publications.iom.int/books/world-migration-report-2024
McCalman, J., Jongen, C., & Bainbridge, R. (2017). Organisational systems' approaches to improving cultural competence in healthcare: A systematic scoping review of the literature. *International Journal for Equity in Health, 16*(1), 78. https://doi.org/10.1186/s12939-017-0571-5
McGarrity, L. A. (2014). Socioeconomic status as context for minority stress and health disparities among lesbian, gay, and bisexual individuals. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 383–397. https://doi.org/10.1037/sgd0000067
Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & De Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: A qualitative study in Southeast England. *BMJ Open*, *6*(11), e012337. https://doi.org/10.1136/bmjopen-2016-012337
Mews, C., Schuster, S., Vajda, C., Lindtner-Rudolph, H., Schmidt, L. E., Bösner, S., Güzelsoy, L., Kressing, F., Hallal, H., Peters, T., Gestmann, M., Hempel, L., Grützmann, T., Sievers, E., & Knipper, M. (2018). Cultural Competence and Global Health: Perspectives for Medical Education - Position paper of the GMA Committee on Cultural Competence and Global Health. *GMS journal for medical education, 35*(3), Doc28. https://doi.org/10.3205/zma001174
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. https://doi.org/10.1037/0033-2909.129.5.674
Moleiro, C. (2018). Culture and Psychopathology: New Perspectives on Research, Practice, and Clinical Training in a Globalized World. *Frontiers in Psychiatry, 9*, 366. https://doi.org/10.3389/fpsyt.2018.00366
Mollah, T. N., Antoniades, J., Lafeer, F. I., & Brijnath, B. (2018). How do mental health practitioners operationalise cultural competency in everyday practice? A qualitative

analysis. *BMC Health Services Research, 18*(1), 480. https://doi.org/10.1186/s12913-018-3296-2

Monceri, F. (2019). Beyond universality: Rethinking transculturality and the transcultural self. *Journal of Multicultural Discourses, 14*(1), 78-91. https://doi.org/10.1080/17447143.2019.1604715

Monforte, J., Davis, C., Saleem, S., & Smith, B. (2022). Moving on From the Delphi Study: The Development of a Physical Activity Training Programme Prototype Through Co-produced Qualitative Research. *Qualitative Health Research*, *32*(13), 1952–1964. https://doi.org/10.1177/10497323221126535

Moodley, R., & Lubin, D. B. (2008). Developing your career to working with multicultural and diversity clients. In S. Palmer & R. Bor (Eds.), *The practitioner's handbook: A guide for counsellors, psychotherapists and counselling psychologists* (pp. 156–157). SAGE Publications. https://doi.org/10.4135/9781446215234.n11

Motiff, H., Garcia, K., Zhao, Q., & Petty, E. M. (2025). Use of gender-inclusive language in genetic counseling to optimize patient care. *Journal of Genetic Counseling, 34*(1), e1882. https://doi.org/10.1002/jgc4.1882

Mounet, O. O., Mizock, L., Cornelius, A., & Hopwood, R. (2025). Misdiagnosis of borderline personality disorder in transgender and gender nonbinary populations. *International Journal of Transgender Health*, *27*(1), 474–489. https://doi.org/10.1080/26895269.2024.2447783

Nadal, K. L. (2019). A decade of microaggression research and LGBTQ communities: An introduction to the special issue. *Journal of Homosexuality, 66*(10), 1309–1316. https://doi.org/10.1080/00918369.2018.1539582

Nadal, K. L., Issa, M.-A., Leon, J., Meterko, V., Wideman, M., & Wong, Y. (2011). Sexual orientation microaggressions: "Death by a thousand cuts" for lesbian, gay, and bisexual youth. *Journal of LGBT Youth, 8*(3), 234–259. https://doi.org/10.1080/19361653.2011.584204

Naeem, F., Sajid, S., Naz, S., & Phiri, P. (2023). Culturally adapted CBT – the evolution of psychotherapy adaptation frameworks and evidence. *The Cognitive Behaviour Therapist, 16*, e10. https://doi.org/10.1017/S1754470X2300003X

Newton, C. S. (2025). What I bring to the room: A reflective practice for addressing implicit bias in trainees and practitioners. *Reflective Practice, 27*(3), 1–13. https://doi.org/10.1080/14623943.2025.2494328

Niederberger, M., & Spranger, J. (2020). Delphi Technique in Health Sciences: A Map. *Frontiers in Public Health*, *8*, 457. https://doi.org/10.3389/fpubh.2020.00457

Nguyen, P. V., Naleppa, M., & Lopez, Y. (2021). Cultural competence and cultural humility: A complete practice. *Journal of Ethnic & Cultural Diversity in Social Work, 30*(3), 273-281. https://doi.org/10.1080/15313204.2020.1753617

Nkulu Kalengayi, F. K., Baroudi, M., & Hurtig, A.-K. (2024). Prevalence of perceived discrimination, determinants and associations with self-rated general and sexual health, healthcare utilization and self-perceived integration: A cross-sectional survey of migrants in Sweden. *BMC Public Health*, *24*(1), 699. https://doi.org/10.1186/s12889-024-18160-2

Ortega-Dela Cruz, R. (2020). Pedagogical practice preferences among generational groups of learners: Towards effective twenty-first century higher education. *Journal of University Teaching & Learning Practice, 17*(5). https://eric.ed.gov/?id=EJ1280514

Oshin, L. A., Silamongkol, T., Pucker, H., Finkelstein, J., King, A. M., & Rizvi, S. L. (2024). … And we could do better: Comparing the efficacy of dialectical behavior therapy between LGBQ and heterosexual adults with borderline personality disorder.

Professional Psychology: Research and Practice, 55(1), 58–67. https://doi.org/10.1037/pro0000529

Osmancevic, S., Steiner, L. M., Großschädl, F., Lohrmann, C., & Schoberer, D. (2025). The effectiveness of cultural competence interventions in nursing: A systematic review and meta-analysis. *International Journal of Nursing Studies, 167*, 105079. https://doi.org/10.1016/j.ijnurstu.2025.105079

Owen, J., Drinane, J., Tao, K. W., Adelson, J. L., Hook, J. N., Davis, D., & Fookune, N. (2017). Racial/ethnic disparities in client unilateral termination: The role of therapists' cultural comfort. *Psychotherapy Research*, *27*(1), 102–111. https://doi.org/10.1080/10503307.2015.1078517

Pawlak, F., Menthe, J., Watts, E., & Stinken-Rösner, L. (2024). What Challenges Do Researchers Face in the Study of Inclusive Science Education?: A Delphi Study. *Zeitschrift Für Didaktik Der Naturwissenschaften*, *30*(1), 4. https://doi.org/10.1007/s40573-023-00169-6

Pepping, C. A., Cronin, T. J., & Davis, A. W. (2025). Mental health care for transgender and non-binary adults: An investigation of affirmative practice, therapy experiences and outcomes, and reasons for treatment termination. *Sexuality Research and Social Policy, 22*, 1951–1963. https://doi.org/10.1007/s13178-024-01065-5

Prasad, S. J., Nair, P., Gadhvi, K., Barai, I., Danish, H. S., & Philip, A. B. (2016). Cultural humility: treating the patient, not the illness. *Medical education online, 21*(1), 30908. https://doi.org/10.3402/meo.v21.30908

Puckett, J. A., Maroney, M. R., Wadsworth, L. P., Mustanski, B., & Newcomb, M. E. (2020). Coping with discrimination: The insidious effects of gender-minority stigma on depression and anxiety in transgender individuals. *Journal of Clinical Psychology, 76*(1), 176–194. https://doi.org/10.1002/jclp.22865

Qualtrics. (2026). *Qualtrics XM* [Computer software]. https://www.qualtrics.com

Ramsden, I. (2015). Towards cultural safety. In D. Wepa (Ed.), *Cultural safety in Aotearoa New Zealand* (pp. 5–25). Cambridge University Press. https://doi.org/10.1017/CBO9781316151136.003

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the Counseling Profession. *Journal of Multicultural Counseling and Development*, *44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

Ridley, C. R., Baker, D. M., & Hill, C. L. (2001). Critical Issues Concerning Cultural Competence. *The Counseling Psychologist, 29*(6), 822-832. https://doi.org/10.1177/0011000001296003

Roach, E. (2018). Connection failure: Systemic disadvantages facing the LGBTQ+ community in therapy and how to address them. *Actes du Jean-Paul Dionne Symposium Proceedings, 2*(1). https://doi.org/10.18192/jpds-sjpd.v2i1.2714

Roberts, M. L. A., & Schiavenato, M. (2017). Othering in the nursing context: A concept analysis. *Nursing Open, 4*(3), 174–181. https://doi.org/10.1002/nop2.82

Rodriguez-Seijas, C., Warren, M., Vupputuri, P., & Hawthorne, S. (2025). Bias in the diagnosis of borderline personality disorder among sexual- and gender-minority persons: results from a vignette-based experiment. *Clinical Psychological Science, 13*(2), 388–406. https://doi.org/10.1177/21677026241267954

Rohleder, P. (2016). Othering, blame and shame when working with people living with HIV. *Psychoanalytic Psychotherapy, 30*(1), 62–78. https://doi.org/10.1080/02668734.2015.1107125

Rosati, F., Lorusso, M. M., Pistella, J., Giovanardi, G., Di Giannantonio, B., Mirabella, M., Williams, R., Lingiardi, V., & Baiocco, R. (2022). Non-Binary Clients'

Experiences of Psychotherapy: Uncomfortable and Affirmative Approaches. *International Journal of Environmental Research and Public Health, 19*(22), 15339. https://doi.org/10.3390/ijerph192215339

Ross, L. (2010). Notes from the field: Learning cultural humility through critical incidents and central challenges in community-based participatory research. *Journal of Community Practice, 18*(2-3), 315-335. https://doi.org/10.1080/10705422.2010.490161

Rousseau, C., & Frounfelker, R. L. (2019). Mental health needs and services for migrants: An overview for primary care providers. *Journal of Travel Medicine, 26*(2). https://doi.org/10.1093/jtm/tay150

Roxo, L., Pachankis, J., & Bränström, R. (2026). Sexual orientation differences in mental health service use and unmet mental health care needs: A cross-sectional population-based study of young adults. *Social Psychiatry and Psychiatric Epidemiology*, *61*(2), 225–234. https://doi.org/10.1007/s00127-025-02866-8

Schouler-Ocak, M., Graef-Calliess, I. T., Tarricone, I., Qureshi, A., Kastrup, M. C., & Bhugra, D. (2015). EPA guidance on cultural competence training. *European Psychiatry, 30*(3), 431-440. https://doi.org/10.1016/j.eurpsy.2015.01.012

Schouler-Ocak, M., Zielke, J., Bäärnhielm, S., Tarricone, I., Samochowiec, J., Veizis, A., Aker, A. T., Lemmer, P. M., Hagenguth, A., & Bhugra, D. (2026). EPA guidance on cultural competence training: A critical update and meta-review. *European Psychiatry,* 1–51. https://doi.org/10.1192/j.eurpsy.2026.12215

Seyranian, V., Atuel, H., & Crano, W. D. (2008). Dimensions of Majority and Minority Groups. *Group Processes & Intergroup Relations, 11*(1), 21–37. https://doi.org/10.1177/1368430207084843

Shang, Z. (2023). Use of Delphi in health sciences research: A narrative review. *Medicine*, *102*(7), e32829. https://doi.org/10.1097/MD.0000000000032829

Sharan, P., & Keeley, J. (2018). Cultural perspectives related to international classification of Diseases-11. *Indian Journal of Social Psychiatry*, *34*(5), 1. https://doi.org/10.4103/ijsp.ijsp_45_18

Shum, A., Fryer, L. K., Vermunt, J. D., Ajisuksmo, C., Cano, F., Donche, V., Law, D. C. S., Martínez-Fernández, J. R., Van Petegem, P., & Yu, J. (2024). Variable- and Person-centred meta-re-analyses of university students' learning strategies from a cross-cultural perspective. *Higher Education, 87*(5), 1227–1250. https://doi.org/10.1007/s10734-023-01062-4

Sierra-Huedo, M. L., & Nevado-Llopis, A. (2022). Promoting the development of intercultural competence in higher education through intercultural learning interventions. *Revista Electrónica Educare, 26*(2), 526-546. https://doi.org/10.15359/ree.26-2.28

Snowden, L. R., & Cheung, F. K. (1990). Use of inpatient mental health services by members of ethnic minority groups. *American Psychologist, 45*(3), 347–355. https://doi.org/10.1037/0003-066X.45.3.347

Solomonov, N., Chen, S. Z., Briskin, E. A., Castonguay, L., Krause, M., McMain, S., Duggal, C., Youn, S. J., Lorenzo-Luaces, L., & Barber, J. P. (2025). A first look at diversity gaps in psychotherapy research publications and representation. *Psychotherapy Research*, *35*(8), 1275–1286. https://doi.org/10.1080/10503307.2024.2428693

Sorensen, J., Michaëlis, C., Olsen, J. M. M., Krasnik, A., Bozorgmehr, K., & Ziegler, S. (2023). Diversity competence training for health professionals in Europe: A modified delphi study investigating relevant content for short or online courses. *BMC Medical Education*, *23*(1), 590. https://doi.org/10.1186/s12909-023-04563-z

Spencer-Oatey, H. (Ed.). (2008). *Culturally speaking: Culture, communication and politeness theory* (2nd ed.). Bloomsbury Publishing.

Spranger, J., Homberg, A., Sonnberger, M., & Niederberger, M. (2022). Reporting guidelines for Delphi techniques in health sciences: A methodological review. *Zeitschrift Für Evidenz, Fortbildung Und Qualität Im Gesundheitswesen*, *172*, 1–11. https://doi.org/10.1016/j.zefq.2022.04.025

Sprott, K. (2014). Culturally competent Common Core practices: A Delphi study. *Journal of Research Initiatives, 1*(2), Article 8. https://digitalcommons.uncfsu.edu/jri/vol1/iss2/8

Stingl, M., & Hanewald, B. (2025). Culturally sensitive psychotherapy—Technique or attitude? *Frontiers in Psychology, 16*, 1599855. https://doi.org/10.3389/fpsyg.2025.1599855

Strakowski, S. M., McElroy, S. L., Keck, P. E. Jr., & West, S. A. (1996). Racial influence on diagnosis in psychotic mania. *Journal of Affective Disorders, 39*(2), 157–162. https://doi.org/10.1016/0165-0327(96)00028-6

Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist, 29*(6), 790–821. https://doi.org/10.1177/0011000001296002

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist*, *74*(1), 128–142. https://doi.org/10.1037/amp0000296

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of counseling & development, 70*(4), 477-486. https://doi.org/10.1002/j.1556-6676.1992.tb01642.x

Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice*, *39*(3), 329–336. https://doi.org/10.1037/0735-7028.39.3.329

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Taze, D., Hartley, C., Morgan, A. W., Chakrabarty, A., Mackie, S. L., & Griffin, K. J. (2022). Developing consensus in Histopathology: The role of the Delphi method. *Histopathology*, *81*(2), 159–167. https://doi.org/10.1111/his.14650

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of health care for the poor and underserved, 9*(2), 117-125. https://doi.org/10.1353/hpu.2010.0233

Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology, 126*(1), 125–136. https://doi.org/10.1037/abn0000234

Tomicic, A., Martínez, C., & Rodríguez, J. (2020). Using the Generic Model of Psychotherapy to develop a culturally-sensitive approach to psychotherapy with sexual and gender minority patients. *Frontiers in Psychology, 11*, 599319. https://doi.org/10.3389/fpsyg.2020.599319

Trevelyan, E. G., & Robinson, P. N. (2015). Delphi methodology in health research: How to do it? *European Journal of Integrative Medicine*, *7*(4), 423–428. https://doi.org/10.1016/j.eujim.2015.07.002

Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: A systematic review of reviews. *BMC Health Services Research, 14*(1), 99. https://doi.org/10.1186/1472-6963-14-99

Turnbull, A. E., Dinglas, V. D., Friedman, L. A., Chessare, C. M., Sepúlveda, K. A., Bingham, C. O., & Needham, D. M. (2018). A survey of Delphi panelists after core outcome set development revealed positive feedback and methods to facilitate panel member participation. *Journal of Clinical Epidemiology*, *102*, 99–106. https://doi.org/10.1016/j.jclinepi.2018.06.007

Tustonja, M., Topić Stipić, D., Skoko, I., Čuljak, A., & Vegar, A. (2024). ACTIVE LISTENING – A MODEL OF EMPATHETIC COMMUNICATION IN THE HELPING PROFESSIONS. *Medicina Academica Integrativa, 1*(1), 42–47. https://doi.org/10.47960/3029-3316.2024.1.1.42

United Nations General Assembly. (2016). *Report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance* (A/71/301). https://undocs.org/A/71/301

Von Lersner, U., Gerb, J., Hizli, S., Waldhuber, D., Wallerand, A. F., Bajbouj, M., Schomerus, G., Angermeyer, M. C., & Hahn, E. (2019). Stigma of mental illness in Germans and Turkish immigrants in Germany: The effect of causal beliefs. *Frontiers in Psychiatry, 10*, 46. https://doi.org/10.3389/fpsyt.2019.00046

Waggoner, J., Carline, J. D., & Durning, S. J. (2016). Is There a Consensus on Consensus Methodology? Descriptions and Recommendations for Future Consensus Research. *Academic Medicine*, *91*(5), 663–668. https://doi.org/10.1097/ACM.0000000000001092

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry, 14*(3), 270–277. https://doi.org/10.1002/wps.20238

World Health Organization. (2021). *Refugee and migrant health: Global competency standards for health workers*. https://www.who.int/publications/i/item/9789240030626

World Health Organization. (2022). *World report on the health of refugees and migrants*. https://www.who.int/teams/health-and-migration-programme/world-report-on-the-health-of-refugees-and-migrants

Wyant, J. D., Tsuda, E., & Yeats, J. T. (2020). Delphi investigation of strategies to develop cultural competence in physical education teacher education. *Physical Education and Sport Pedagogy*, *25*(5), 525–538. https://doi.org/10.1080/17408989.2020.1746252

Yager, J., Kay, J., & Kelsay, K. (2021). Clinicians' Cognitive and Affective Biases and the Practice of Psychotherapy. *American Journal of Psychotherapy*, *74*(3), 119–126. https://doi.org/10.1176/appi.psychotherapy.20200025

Youn, S. J., Mackintosh, M. A., Stirman, S. W., Patrick, K. A., Silvan, Y. A., Bartuska, A. D., Shtasel, D. L., & Marques, L. (2019). Client-level predictors of treatment engagement, outcome and dropout: Moving beyond demographics. *General Psychiatry, 32*(6), e100153. https://doi.org/10.1136/gpsych-2019-100153

Yu, H., Flores, D. D., Bonett, S., & Bauermeister, J. A. (2023). LGBTQ + cultural competency training for health professionals: A systematic review. *BMC Medical Education*, *23*(1), 558. https://doi.org/10.1186/s12909-023-04373-3

Zanting, A., Meershoek, A., Frambach, J. M., & Krumeich, A. (2020). The 'exotic other' in medical curricula: Rethinking cultural diversity in course manuals. *Medical Teacher, 42*(7), 791–798. https://doi.org/10.1080/0142159X.2020.1736534

Zayas, L. H., & Torres, L. R. (2009). Culture and Masculinity: When Therapist and Patient are Latino Men. *Clinical Social Work Journal, 37*(4), 294–302. https://doi.org/10.1007/s10615-009-0232-2

Zhang, X., Meng, K., & Chen, S. (2020). Competency framework for specialist critical care nurses: A modified Delphi study. *Nursing in Critical Care*, *25*(1), 45–52. https://doi.org/10.1111/nicc.12467

Zhang, X., Sheng, Y., & Jiang, D. (2022). On the origin of transculturalism: a study into the western academic context and its Chinese translation. *Journal of Transcultural Communication, 2*(2), 218-228. https://doi.org/10.1515/jtc-2022-0020

Ziegler, S., Michaëlis, C., & Sørensen, J. (2022). Diversity competence in healthcare: experts' views on the most important skills in caring for migrant and minority patients. *Societies, 12*(2), 43. https://doi.org/10.3390/soc12020043

Zolfaghari, B., Möllering, G., Clark, T., & Dietz, G. (2016). How do we adopt multiple cultural identities? A multidimensional operationalization of the sources of culture. *European Management Journal*, *34*(2), 102–113. https://doi.org/10.1016/j.emj.2016.01.003

Annexes

Annex A: Informed Consent (English)

INFORMED CONSENT

This study is part of a master's thesis research project being carried out at Iscte – Instituto Universitário de Lisboa.

The aim of the study is to shed light on which specific components of psychotherapists' education foster the development of intercultural competence in working with clients belonging to ethnic, linguistic, and cultural minorities, as well as minorities based on sexual orientation or gender identity. Moreover, the study wants to explore through which processes these components achieve this.

Your involvement in the research project is highly valued, as it will contribute to advancing knowledge in the field of intercultural competence training in the education of psychotherapists. It consists of a Delphi study with three rounds of online questionnaires containing open-ended or close-ended questions, each taking approximately 15–25 minutes to complete over a period of about three months.

You are invited to participate if you:

- Are currently active as a psychotherapist,
- you are holding either a Master's degree in (Clinical) Psychology that grants certification and allows independent psychotherapy practice, or a postgraduate diploma, certification, or equivalent training in psychotherapy that enables the provision of psychotherapy,
- you have more than six months of professional experience,
- you have had training in intercultural competence or diversity and/or supervision in intercultural psychotherapy settings,
- and you have worked or currently work with clients (at least 10) who were/are linguistically, ethnically, sexually, or gender-identity diverse.

Participants who do not meet one or more of these eligibility criteria will not be invited to participate in Rounds 2 and 3, in order to minimize unnecessary participant burden.

Before the study begins, you will be asked to generate a personal code that will link your responses across rounds while ensuring your anonymity. You will additionally be asked to provide your email address so that we can contact you for Rounds 1, 2, and 3.

In Round 1, you will be asked questions about your sociodemographic and professional background, as well as open-ended questions related to the research topic. In Round 2, you will be asked to rate close-ended items developed from the responses provided in Round 1, with the option to add further input in free-text fields. In Round 3, you will rate close-ended items that have been refined based on the feedback and responses from Rounds 1 and 2, again with the option to provide additional comments in free-text fields. For each round, you will have two to four weeks to complete the online questionnaire. The Round 2 questionnaire will be sent to you

three to four weeks after the Round 1 response period closes. The Round 3 questionnaire will be sent two weeks after the Round 2 response period closes. After your participation in Round 2, you will receive feedback on the Round 2 results, summarizing the group's responses. Reminders for participation will be sent to the same email address you provided one week after the start of Rounds 2 and 3, and again two days before the submission deadline for each round.

Iscte is responsible for the processing of your personal data, collected and processed exclusively for the purposes of this study, having on a legal basis your consent (in accordance with article 6, no. 1, a) of the General Data Protection Regulation).

The study is being carried out by Naara Scheumann (e-mail: nffsn@iscte-iul.pt) and supervised by Prof. Carla Moleiro (e-mail: carla.moleiro@iscte-iul.pt), who you can contact if you wish to clarify any questions, wish to share a comment, or exercise your rights regarding the processing of your personal data. You can use the indicated contact to request access, rectification, erasure or limitation of the processing of your personal data. You can also use the same contact information to ask any questions if a survey item is unclear or if you need clarification on vocabulary.

Participation in this study is **confidential**. Your personal data will always be handled/processed by authorized personnel, bound by confidentiality and professional secrecy. ISCTE ensures the use of appropriate techniques, organizational measures, and security procedures to protect personal information. All researchers are required to keep personal data confidential. In addition to being confidential, participation in the study is **strictly voluntary**: you are free to choose whether to participate. If you choose to participate, you may stop participating and revoke your consent to processing your personal data at any time, without having to provide any justification. The withdrawal of consent will not affect the legality of any processing carried out prior to the withdrawal based on the consent provided.

The survey is configured on the online platform Qualtrics in a way that ensures anonymization; no IP addresses or location data are recorded. Your personal data will be securely kept by the researcher in an Excel file for a period of three months after the completion of the study, after which they will be permanently deleted. During this period, your email address will be stored separately from your questionnaire responses to ensure that your answers remain anonymous and cannot be linked to your identity. The anonymized questionnaire responses will be kept by the research team for a period of five years after the study's completion, after which they will be permanently deleted. They will not be used for any other purposes than this study. All data will be treated confidentially, and their anonymity will be ensured in the study results, which will only be disclosed for purposes such as teaching, communication at academic meetings, or scientific publications.

No significant risks are expected in association with participation in the study.

Iscte does not divulge/disclose or share, with third parties, the information relating to your personal data.

Iscte has a Data Protection Officer, who can be contacted at email dpo@iscte-iul.pt. If you consider it necessary, you also have the right to lodge a complaint with the competent supervisory authority – the National Data Protection Commission.

I declare that I have understood the objectives of what has been proposed to me and explained by the researcher that I have been given the opportunity to ask all the questions about this study, and that all of them have received an enlightening/satisfactory answer.

In Qualtrics, the following options were added:

I agree to participate in the study and consent to the use of my personal data in accordance with the information made available to me.

Yes ☐

No ☐

If the participant chose not to participate, they were redirected to the end of the survey with a thank-you message saying:

“Thank you for your time.”

Annex B: Invitation Texts

English:

Dear ...,

My name is Naara Scheumann, and I am a Master's student at Iscte – Instituto Universitário de Lisboa. I am conducting this study as part of my Master's thesis on effective components and methods in intercultural competence education for psychotherapists, and I would like to invite you to participate as an expert panel member.

This study uses a Delphi method and involves three rounds of online surveys. Each round contains open- and/or closed-ended questions and takes approximately 15–25 minutes to complete, with the first round being the longest. You have been invited because of your professional experience working with clients from diverse ethnic, linguistic, and cultural backgrounds, and/or diverse sexual orientations and gender identities.

Participation is voluntary, and your responses will be treated confidentially and anonymously.

If you would like to participate, please first register your email address and generate a personal participation code to enable contact and anonymity for all three rounds using the following link:
https://iscteiul.co1.qualtrics.com/jfe/form/SV_eRJ77CJBiHTqPeC

After registration, you can access the first survey round here:
https://iscteiul.co1.qualtrics.com/jfe/form/SV_9TrxpzY30Nwv2Si

If you have any questions about the study, feel free to contact me by email at nffsn@iscte-iul.pt.

Thank you very much for your time and valuable contribution to this research.

Best regards,

Naara Scheumann

Spanish:

Estimade …,

Mi nombre es Naara Scheumann y soy estudiante de maestría en el Iscte – Instituto Universitário de Lisboa. Estoy llevando a cabo un estudio de investigación como parte de mi tesis de maestría sobre los componentes y métodos efectivos en la educación en competencia intercultural para psicoterapeutas, y me gustaría invitarle a formar parte del panel de expertxs.

Este estudio utiliza el método Delphi e incluye tres rondas de encuestas en línea. Cada ronda contiene preguntas abiertas y/o cerradas y tarda aproximadamente entre 15 y 25 minutos en completarse, siendo la primera ronda la más larga. Ha sido invitade debido a su experiencia profesional trabajando con clientes de orígenes étnicos, lingüísticos y culturales diversos, y/o de diversas orientaciones sexuales e identidades de género.

La participación es voluntaria y sus respuestas se tratarán de forma confidencial y anónima.

Si desea participar, primero registre su dirección de correo electrónico y genere un código de participación personal para permitir el contacto y el anonimato en las tres rondas utilizando el siguiente enlace:

https://iscteiul.co1.qualtrics.com/jfe/form/SV_6MrTrNiq3dWOd94

Después de registrarse, puede acceder a la primera ronda de la encuesta aquí:

https://iscteiul.co1.qualtrics.com/jfe/form/SV_3kqPh3SYbB9mrxI

Si tiene alguna pregunta sobre el estudio, no dude en ponerse en contacto conmigo por correo electrónico en nffsn@iscte-iul.pt.

Muchas gracias por su tiempo y su valiosa contribución a esta investigación.

Un saludo cordial,

Naara Scheumann

Annex C: Sociodemographic and Professional Background Questionnaire (English)

Round 1: Sociodemographic and Professional Background

1. Age
Please indicate your age.
Answer Type: Free text (numeric)

2. Gender
Please indicate your gender.
Answer Type: Multiple choice (single answer)

- Woman
- Man
- Non-binary / Other
- Prefer not to say

3. Highest qualification or level of professional training in psychotherapy
Please indicate your highest completed qualification or level of formal training related to psychotherapy or clinical psychology.

Answer type: Multiple choice (single answer)

- Bachelor's degree in psychology or another related discipline that does not provide certification or authorization to practice psychotherapy independently
- Bachelor's degree in psychology or another related discipline that does provide certification and authorization to practice psychotherapy independently
- Master's degree in (Clinical) Psychology that does not provide certification or authorization to practice psychotherapy independently
- Master's degree in (Clinical) Psychology or Psychotherapy that does provide certification and authorization to practice psychotherapy independently
- Postgraduate diploma or certification in psychotherapy
- Other: [Free text]

4. Country of professional practice
Please indicate the country where you currently practice psychotherapy.
Answer type: Free text

5. Primary professional role in the mental health field
Please select your primary professional role.
Answer type: Multiple choice (single answer)

- Psychotherapist

- Mental Health Counselor
- Other: [Free text]

6. Primary work setting
Please select your main professional setting.
Answer type: Multiple choice (single answer)

- Private practice
- Public mental health service
- University / training institution
- Non-profit / NGO / community service
- Other: [Free text]

7. Amount of clinical experience
How many months or years of clinical practice do you have?
Answer type: Multiple choice (single answer)

- 0-6 months
- 6 months–5 years
- 6–10 years
- 11–20 years
- More than 20 years

8. Training and supervision in intercultural or diversity competence
Have you received any formal training related to intercultural competence, diversity, or working with ethnic, sexual, or gender minority clients and/or have you received any supervision on your work with ethnic, sexual, or gender minority clients?
Answer type: Multiple choice (single answer)

- Yes
- No

9. Proportion of linguistically, ethnically, sexually, or gender-identity diverse clients

Approximately how many clients from culturally or linguistically diverse backgrounds (including clients from ethnic, sexual, and/or gender minority groups) have you worked with over the course of your professional career or are you currently working with?

Answer type: Multiple choice (single answer)

- None
- Fewer than 10 clients
- 10 or more clients

Annex D: Sociodemographic and Professional Background Questionnaire (Spanish)

Ronda 1: Datos sociodemográficos y experiencia profesional

1. Edad

Indique su edad.

Tipo de respuesta: Texto libre (numérico)

2. Género

Indique su género.

Tipo de respuesta: Opción múltiple (una sola respuesta)

- Mujer
- Hombre
- No binario/Otro
- Prefiero no decirlo

3. Nivel más alto de formación o cualificación profesional en psicoterapia
Por favor, indique su cualificación o nivel de formación formal más alto relacionado con psicoterapia o psicología clínica.

Tipo de respuesta: Opción múltiple (una sola respuesta)

- Licenciatura o título de grado en psicología u otra disciplina relacionada que no otorga certificación ni permite ejercer psicoterapia de forma independiente
- Licenciatura o título de grado en psicología u otra disciplina relacionada que sí otorga certificación y permite ejercer psicoterapia de forma independiente
- Maestría en Psicología (Clínica) que no otorga certificación ni permite ejercer psicoterapia de forma independiente
- Maestría en Psicología (Clínica) o Psicoterapia que sí otorga certificación y permite ejercer psicoterapia de forma independiente
- Diploma o certificación de posgrado en psicoterapia
- Otro: [Texto libre]

4. País de ejercicio profesional
Por favor, indique el país en el que actualmente ejerce la psicoterapia.

Tipo de respuesta: Texto libre

5. Rol profesional principal en el ámbito de salud mental
Por favor, seleccione su rol profesional principal.

Tipo de respuesta: Opción múltiple (una sola respuesta)

- Psicoterapeuta
- Consejero/a de salud mental
- Otro: _____

6. Entorno laboral principal

Seleccione su entorno profesional principal.

Tipo de respuesta: Opción múltiple (una sola respuesta)

- Consulta privada
- Servicio público de salud mental
- Universidad/institución de formación
- Organización sin fines de lucro/ONG/servicio comunitario
- Otro: [Texto libre]

7. Experiencia clínica

¿Cuántos meses o años de práctica clínica tiene?

Tipo de respuesta: Opción múltiple (respuesta única)

- 0-6 meses
- 6 meses-5 años
- 6-10 años
- 11-20 años
- Más de 20 años

8. Formación y supervisión en competencia intercultural o diversidad

¿Ha recibido alguna formación formal relacionada con la competencia intercultural, la diversidad o el trabajo con clientes pertenecientes a minorías étnicas, sexuales o de género, y/o ha recibido alguna supervisión sobre su trabajo con clientes pertenecientes a minorías étnicas, sexuales o de género?

Tipo de respuesta: Opción múltiple (respuesta única)

• Sí

• No

9. Proporción de clientes con diversidad lingüística, étnica, sexual o de identidad de género

¿Aproximadamente con cuántos clientes de orígenes culturales o lingüísticos diversos (incluidos clientes de grupos étnicos, sexuales y/o de género minoritarios) ha trabajado a lo largo de su carrera profesional o con cuántos trabaja actualmente?

Tipo de respuesta: Opción múltiple (respuesta única)

- Ninguno
- Menos de 10 clientes
- 10 o más clientes

Annex E: Round 1 Questionnaire (English)

Round 1: Open-Ended Questions

Section A – Training Topics

In the following section, we will ask about which contents of psychotherapy training contribute to the development of intercultural competence, focusing on its three main components: awareness and attitudes, knowledge, and skills. You are invited to share your own understanding, experiences, and suggestions. There are no correct or incorrect answers, and you may write as much or as little as you wish.
We will begin by focusing on **awareness and attitudes**.

1. How do you personally understand *awareness* and *attitudes* in the context of working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?

   Follow-up questions:

   - Which topics in your psychotherapy training have helped you improve your awareness and attitudes towards working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?
   - Please describe a case or experience from your psychotherapeutic practice where your improved awareness and attitudes towards clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds were particularly relevant or helpful.
   - Which additional topics do you think should be included in future psychotherapy training to enhance such awareness and attitudes in psychotherapists?

We will continue to focus on training content, now turning to the knowledge component of intercultural competence. You are invited to share your own understanding, experiences, and suggestions. There are no correct or incorrect answers, and you may write as much or as little as you wish.
We will now focus on **knowledge**.

2. How do you personally understand *knowledge* in the context of working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?

   Follow-up questions:

   - Which topics in your psychotherapy training have helped you build knowledge for working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?
   - Please describe a case or experience from your psychotherapeutic practice where your knowledge related to working with clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds was particularly relevant or helpful.
   - Which additional topics do you think should be included in future psychotherapy training to enhance such knowledge in psychotherapists?

We will continue to focus on training content, now turning to the skills component of intercultural competence. You are invited to share your own understanding, experiences, and suggestions. There are no correct or incorrect answers, and you may write as much or as little as you wish.

We will now focus on **skills**.

3. How do you personally understand *skills* in the context of working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?

   Follow-up questions:

   - Which topics in your psychotherapy training have helped you build skills for working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?
   - Please describe a case or experience from your psychotherapeutic practice where your skills for working with clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds were particularly relevant or helpful.
   - Which additional topics do you think should be included in future psychotherapy training to enhance such skills in psychotherapists?

Section B – Teaching Methods

In the following section, we will now turn towards which teaching methods in psychotherapy training contribute to the development of intercultural competence. You are invited to share your own understanding, experiences, and suggestions. There are no correct or incorrect answers, and you may write as much or as little as you wish.
We will now focus on **teaching methods**.

4. Which teaching methods in your psychotherapy training have helped you build intercultural competence (awareness, knowledge, skills) for working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities?
    - **Follow-up questions:**
    - How have specific teaching methods (e.g., reading materials, group discussions, debates, case studies, multiple-choice tests, video clips, experiential exercises, culture simulators, or field/community observations) contributed to your learning?
    - Which additional teaching methods do you think should be included in future psychotherapy training to enhance the development of intercultural competence (awareness, knowledge, and skills) in psychotherapists?

Annex F: Round 1 Questionnaire (Spanish)

Ronda 1: Preguntas abiertas

Sección A – Temas de formación

En la siguiente sección, preguntaremos qué contenidos de la formación en psicoterapia contribuyen al desarrollo de la competencia intercultural, centrándonos en sus tres componentes principales: conciencia y actitudes, conocimientos y habilidades. Le invitamos a compartir sus propios puntos de vista, experiencias y sugerencias. No hay respuestas correctas o incorrectas, y puede escribir tanto como desee.

Comenzaremos centrándonos en **la conciencia y las actitudes**.

1. ¿Qué entiende usted personalmente por *conciencia* y *actitudes* en el contexto del trabajo con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - **Preguntas de seguimiento:**
    - ¿Qué temas de su formación en psicoterapia le han ayudado a mejorar su conciencia y sus actitudes hacia el trabajo con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - Describa un caso o una experiencia de su práctica psicoterapéutica en la que su mejora en la conciencia y las actitudes hacia clientes de diversos orígenes étnicos, lingüísticos y culturales, así como de diversas orientaciones sexuales e identidades de género, fue particularmente relevante o útil.
    - ¿Qué temas adicionales cree que deberían incluirse en la formación futura en psicoterapia para mejorar dicha conciencia y actitudes en psicoterapeutas?

Seguiremos centrándonos en el contenido de la formación, pasando ahora al componente de conocimientos de la competencia intercultural. Le invitamos a compartir sus propios puntos de vista, experiencias y sugerencias. No hay respuestas correctas o incorrectas, y puede escribir tanto como desee.

Ahora nos centraremos en **los conocimientos**.

2. ¿Qué entiende usted personalmente por *conocimiento* en el contexto del trabajo con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - **Preguntas de seguimiento:**
    - ¿Qué temas de su formación en psicoterapia le han ayudado a adquirir conocimientos para trabajar con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - Describa un caso o experiencia de su práctica psicoterapéutica en el que sus conocimientos relacionados con el trabajo con clientes de diversos orígenes étnicos, lingüísticos y culturales, así como de diversas orientaciones sexuales e identidades de género, fueron especialmente relevantes o útiles.
    - ¿Qué temas adicionales cree que deberían incluirse en la formación futura en psicoterapia para mejorar dichos conocimientos en los psicoterapeutas?

Seguiremos centrándonos en el contenido de la formación, pasando ahora al componente de habilidades de la competencia intercultural. Le invitamos a compartir sus propios puntos de vista, experiencias y sugerencias. No hay respuestas correctas o incorrectas, y puede escribir tanto como desee.

Ahora nos centraremos en **las habilidades.**

3. ¿Qué entiende usted personalmente por *habilidades* en el contexto del trabajo con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - **Preguntas de seguimiento**:
    - ¿Qué temas de su formación en psicoterapia le han ayudado a desarrollar habilidades para trabajar con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - Describa un caso o experiencia de su práctica psicoterapéutica en el que sus habilidades para trabajar con clientes de diversos orígenes étnicos, lingüísticos y culturales, así como de diversas orientaciones sexuales e identidades de género, fueron especialmente relevantes o útiles.
    - ¿Qué temas adicionales cree que deberían incluirse en la formación futura en psicoterapia para mejorar dichas habilidades en los psicoterapeutas?

Sección B - Métodos de enseñanza

En la siguiente sección, nos centraremos en qué métodos de enseñanza en la formación en psicoterapia contribuyen al desarrollo de la competencia intercultural. Le invitamos a compartir sus propios puntos de vista, experiencias y sugerencias. No hay respuestas correctas incorrectas, y puede escribir tanto como desee.

Ahora nos centraremos en **los métodos de enseñanza**.

4. ¿Qué métodos de enseñanza de su formación en psicoterapia le han ayudado a desarrollar competencias interculturales (conciencia, conocimientos, habilidades) para trabajar con clientes de orígenes étnicos, lingüísticos y culturales diversos, así como de diversas orientaciones sexuales e identidades de género?
    - **Preguntas de seguimiento:**
    - ¿Cómo han contribuido a su aprendizaje métodos de enseñanza específicos (por ejemplo, materiales de lectura, discusiones en grupo, debates, estudios de casos, pruebas de opción múltiple, videoclips, ejercicios experienciales, simuladores culturales u observaciones de campo/comunitarias)?
    - ¿Qué métodos de enseñanza adicionales cree que deberían incluirse en la futura formación en psicoterapia para mejorar el desarrollo de la competencia intercultural (conciencia, conocimientos y habilidades) de psicoterapeutas?

Annex G: Coding Agenda Used for Deductive Content Analysis

Coding Agenda: Deductive Analysis

Category: A.1 Training Topics fostering Awareness and Attitudes

Definition: Training topics that aim to increase psychotherapists' awareness of their own cultural background, values, biases, and assumptions about human experiences and behaviors, and that promote openness, comfort, respect, and sensitivity toward cultural, ethnic, linguistic, sexual, and gender diversity in psychotherapy.

Coding rule: Code statements that include at least one aspect described in the definition, such as training topics that promote self-reflection on one's cultural background or assumptions; awareness of personal values, biases, or stereotypes; openness to or comfort with cultural differences; recognition of emotional reactions toward minority groups; sensitivity to diverse cultural beliefs and practices; or respect for and valuing of diverse cultural beliefs and practices.

Do not code statements referring primarily to factual or conceptual knowledge about cultural groups, migration histories, sociopolitical contexts, or cultural belief systems here; these belong to the knowledge category.

Do not code statements referring primarily to practical capacities or therapeutic techniques used in psychotherapy with culturally diverse clients here; these belong to the skills category.

Example: "being able to tell the difference when we're interpreting from our own lens, rather than understanding them from theirs"

Category: A.2 Training Topics fostering Knowledge

Definition: Training topics that aim to increase psychotherapists' knowledge and understanding of cultural, social, historical, and structural factors relevant to working with clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds. This includes knowledge about cultural worldviews, minority group histories and life experiences, sociopolitical influences such as racism, discrimination and migration, as well as knowledge about how culture and social context may influence psychological processes, help-seeking behavior, and the provision of psychotherapy.

Coding rule: Code statements that refer to training topics aimed at developing factual, conceptual, or contextual knowledge relevant for working with culturally and socially diverse clients. This includes knowledge about cultural traditions, values, and belief systems; minority group histories, life experiences, and identity development; sociopolitical influences such as discrimination, racism, migration, or legal contexts; communication style differences across cultures; institutional barriers affecting access to mental health services; cultural influences on mental health, help-seeking behavior, or therapeutic processes; and knowledge about community structures, family systems, and social resources relevant to minority populations.

Do not code statements referring primarily to self-reflection, awareness of personal biases, attitudes, or openness toward cultural differences here; these belong to the awareness and attitudes category.
Do not code statements referring primarily to practical capacities or therapeutic techniques used in psychotherapy with culturally diverse clients here; these belong to the skills category.

Example: "I would center that around the contents and components, as well as the rituals and social rules of each background"

Category: A.3 Training Topics fostering Skills

Definition: Training topics that aim to develop psychotherapists' practical capacities to provide culturally responsive and effective psychotherapy with clients from diverse ethnic, linguistic, cultural, sexual orientation, and gender identity backgrounds. This includes developing culturally appropriate communication and intervention strategies, adapting therapeutic approaches to clients' cultural contexts, collaborating with community and cultural resources, addressing structural barriers affecting clients, and applying culturally sensitive assessment and therapeutic practices within psychotherapy.

Coding rule: Code statements that refer to training topics aimed at developing practical competencies or applied abilities for working with culturally diverse clients in psychotherapy. This includes training on culturally responsive communication and helping responses; adapting counseling approaches to different cultural contexts; working effectively with interpreters or bilingual professionals; collaborating with community, spiritual, or traditional support systems; conducting culturally sensitive psychological assessment and evaluation; addressing discrimination, racism, or institutional barriers affecting clients; advocating for

clients within institutional contexts; and educating clients about psychotherapy processes in culturally appropriate ways.

Do not code statements referring primarily to self-reflection, awareness of personal biases, attitudes, or openness toward cultural differences here; these belong to the awareness and attitudes category.
Do not code statements referring primarily to factual or conceptual knowledge about cultural groups, migration histories, sociopolitical contexts, or cultural belief systems here; these belong to the knowledge category.

Example: “to define for his own life different goals, while maintaining the traditional role within”

Category: B Teaching Methods

Definition: Educational or pedagogical approaches used in psychotherapy training to facilitate the development of intercultural competence, including methods that promote experiential learning, reflection, discussion, observation, or practice.

Coding rule: Code statements that refer to specific pedagogical approaches, learning activities, or instructional formats used in psychotherapy training to support the development of intercultural competence.

This includes teaching formats such as reading materials, group discussions, debates, case studies, multiple-choice tests, video clips, experiential exercises, culture simulators, or field/community observations.

Do not code statements referring to the content or topics of training here; these belong to the training topics categories (A.1–A.3).

Example: “audiolibros“

Annex H: Round 2 Questions (English)

Questions Round 2

Section A – Training Topics

A.1 How important do you consider the following topics for developing awareness and attitudes as part of intercultural competence in psychotherapists? (6-point Likert scale: *1 = not at all important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important*, *6 = very important*)

A.2 How important do you consider the following topics for developing knowledge as part of intercultural competence in psychotherapists? (6-point Likert scale: *1 = not at all important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important*, *6 = very important)*

A.3 How important do you consider the following topics for developing skills as part of intercultural competence in psychotherapists? (6-point Likert scale: *1 = not at all important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important*, *6 = very important)*

Section B – Teaching Methods

B How effective do you consider the following teaching methods for fostering intercultural competence (i.e., awareness and attitudes, knowledge, and skills) in psychotherapy training? (6-point Likert scale: *1 = not at all effective, 2 = slightly effective, 3 = somewhat effective, 4 = moderately effective, 5 = effective*, *6 = very effective)*

Annex I: Round 2 Questions (Spanish)

Preguntas Ronda 2

Sección A – Temas de formación

A.1 ¿Qué tan importantes considera que son los siguientes temas para desarrollar la conciencia y las actitudes como parte de la competencia intercultural en psicoterapeutas? (Escala Likert de 6 puntos: *1 = Nada importante; 2 = Ligeramente importante; 3 = Algo importante; 4 = Moderadamente importante; 5 = Importante; 6 = Muy importante*)

A.2 ¿Qué tan importantes considera que son los siguientes temas para el desarrollo del conocimiento como parte de la competencia intercultural en psicoterapeutas? (Escala Likert de 6 puntos: *1 = Nada importante; 2 = Ligeramente importante; 3 = Algo importante; 4 = Moderadamente importante; 5 = Importante; 6 = Muy importante*)

A.3 ¿Qué tan importantes considera que son los siguientes temas para el desarrollo de habilidades como parte de la competencia intercultural en psicoterapeutas? (Escala Likert de 6 puntos: *1 = Nada importante; 2 = Ligeramente importante; 3 = Algo importante; 4 = Moderadamente importante; 5 = Importante; 6 = Muy importante*)

Sección B – Métodos de enseñanza

B ¿Qué tan efectivos considera que son los siguientes métodos de enseñanza para fomentar la competencia intercultural (es decir, la conciencia y las actitudes, el conocimiento y las habilidades) en la formación en psicoterapia? (Escala Likert de 6 puntos: *1 = Nada efectivo; 2 = Ligeramente efectivo; 3 = Algo efectivo; 4 = Moderadamente efectivo; 5 = Efectivo; 6 = Muy efectivo)*

Annex J: Round 3 Questions (English)

Questions Round 3

Section 0 – Newly incorporated item

How important do you consider the following topic for developing awareness and attitudes as part of intercultural competence in psychotherapists? (6-point Likert scale: *1 = not at all important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important*, *6 = very important*)

Section A – Training Topics

A.1 Thinking of a concrete intercultural competence training for psychotherapists, how important do you consider the following topics for fostering awareness and attitudes? (3-point scale: *1 = important, but not essential; 2 = very important, but not essential; 3 = very important and absolutely essential*)

Please remember to prioritize up to 10 items within this section by assigning them a rating of 3 (“very important and absolutely essential”). You may select fewer than 10 items as essential if you consider it suitable. All remaining items should be rated as 1 or 2.

A.2 Thinking of a concrete intercultural competence training for psychotherapists, how important do you consider the following topics for fostering knowledge? (3-point scale: *1 = important, but not essential; 2 = very important, but not essential; 3 = very important and absolutely essential*)

Please remember to prioritize up to 10 items within this section by assigning them a rating of 3 (“very important and absolutely essential”). You may select fewer than 10 items as essential if you consider it suitable. All remaining items should be rated as 1 or 2.

A.3 Thinking of a concrete intercultural competence training for psychotherapists, how important do you consider the following topics for fostering skills? (3-point scale: *1 = important, but not essential; 2 = very important, but not essential; 3 = very important and absolutely essential*)

Please remember to prioritize up to 10 items within this section by assigning them a rating of 3 (“very important and absolutely essential”). You may select fewer than 10 items as essential if you consider it suitable. All remaining items should be rated as 1 or 2.

Section B – Teaching Methods

B Thinking of a concrete training for psychotherapists, how effective do you consider the following teaching methods for fostering intercultural competence (i.e., awareness and attitudes, knowledge, and skills)? (3-point scale: *1 = effective, but not essential; 2 = very effective, but not essential; 3 = very effective and absolutely essential*)

Please remember to prioritize up to 10 items within this section by assigning them a rating of 3 ("very effective and absolutely essential"). You may select fewer than 10 items as essential if you consider it suitable. All remaining items should be rated as 1 or 2.

Annex K: Round 3 Questions (Spanish)

Preguntas Ronda 3

Sección 0 – ítem incorporado en esta ronda

¿Qué tan importante considera que es el siguiente tema para desarrollar la conciencia y las actitudes como parte de la competencia intercultural en psicoterapeutas? (Escala Likert de 6 puntos: *1 = Nada importante; 2 = Ligeramente importante; 3 = Algo importante; 4 = Moderadamente importante; 5 = Importante; 6 = Muy importante.*)

Sección A – Temas de formación

A.1 Pensando en una formación concreta en competencia intercultural para psicoterapeutas, ¿qué tan importantes considera que son los siguientes temas para desarrollar la conciencia y las actitudes? (Escala de 3 puntos: *1 = importante, pero no esencial; 2 = muy importante, pero no esencial; 3 = muy importante y absolutamente esencial*)
Recuerde priorizar hasta 10 elementos dentro de esta sección asignándoles una calificación de 3 ("muy importante y absolutamente esencial"). Puede seleccionar menos de 10 elementos como esenciales si lo considera adecuado. Todos los elementos restantes deben calificarse con un 1 o un 2.

A.2 Pensando en una formación concreta en competencia intercultural para psicoterapeutas, ¿qué tan importantes considera que son los siguientes temas para el desarrollo del conocimiento? (Escala de 3 puntos: *1 = importante, pero no esencial; 2 = muy importante, pero no esencial; 3 = muy importante y absolutamente esencial*)
Recuerde priorizar hasta 10 elementos dentro de esta sección asignándoles una calificación de 3 ("muy importante y absolutamente esencial"). Puede seleccionar menos de 10 elementos como esenciales si lo considera adecuado. Todos los elementos restantes deben calificarse con un 1 o un 2.

A.3 Pensando en una formación concreta en competencia intercultural para psicoterapeutas, ¿qué tan importantes considera que son los siguientes temas para el desarrollo de habilidades? (Escala de 3 puntos: *1 = importante, pero no esencial; 2 = muy importante, pero no esencial; 3 = muy importante y absolutamente esencial*)
Recuerde priorizar hasta 10 elementos dentro de esta sección asignándoles una calificación de 3 ("muy importante y absolutamente esencial"). Puede seleccionar menos de 10 elementos

como esenciales si lo considera adecuado. Todos los elementos restantes deben calificarse con un 1 o un 2.

Sección B - Métodos de enseñanza

B Pensando en una formación concreta para psicoterapeutas, ¿qué tan efectivos considera que son los siguientes métodos de enseñanza para fomentar la competencia intercultural (es decir, la conciencia y las actitudes, el conocimiento y las habilidades)? (Escala de 3 puntos: *1 = efectivo, pero no esencial; 2 = muy efectivo, pero no esencial; 3 = muy efectivo y absolutamente esencial*)
Recuerde priorizar hasta 10 elementos dentro de esta sección asignándoles una calificación de 3 ("muy efectivo y absolutamente esencial"). Puede seleccionar menos de 10 elementos como esenciales si lo considera adecuado. Todos los elementos restantes deben calificarse con un 1 o un 2.

Annex L: Debriefing (English)

DEBRIEFING / RESEARCH EXPLANATION

Thank you very much for taking part in this study. As stated at the beginning of your participation, the study focuses on intercultural competence training in the education of psychotherapists. The goal is to better understand which specific components of psychotherapists' education foster the development of transcultural and intercultural competence when working with clients from diverse ethnic, linguistic, and cultural backgrounds, as well as diverse sexual orientations and gender identities, and to explore how these components achieve this.
More specifically, the study used the Delphi method to reach expert consensus on the educational topics and content considered most important for developing intercultural competence in psychotherapists, as well as on the teaching methods viewed as most effective for this purpose. Based on the findings, the study aims to formulate recommendations to improve intercultural competence training for psychotherapists in training, ultimately supporting more inclusive and culturally responsive clinical practice.

In the context of your participation, responses to the open-ended questions in Round 1 were analyzed using content analysis and summarized into representative statements for the Round 2 questionnaire. In Round 2, you rated these statements, and consensus was calculated among all participating experts. New items for Round 3 were generated from your open-text responses in Round 2, while statements that had not reached consensus were excluded to reduce time and cognitive load. After Round 3, training components and teaching methods identified as most relevant and effective are used to formulate the final recommendations.

We would like to reinforce the contact details you can use if you wish to ask a question, share a comment, indicate your intention to receive information on the main results and conclusions of the study, or contact the research team if you experience any psychological discomfort associated with your participation: Naara Scheumann (Researcher, e-mail: nffsn@iscte-iul.pt) and Prof. Carla Moleiro (Supervisor, e-mail: carla.moleiro@iscte-iul.pt).

If you are interested in accessing more information about the study, you can also consult the following sources:

Foundational information on intercultural competence:

Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural psychiatry*, *49*(2), 149-164.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of counseling & development*, *70*(4), 477-486. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Intercultural competence in psychotherapy and the need for training:

Moleiro, C., Freire, J., Pinto, N., & Roberto, S. (2018). Integrating diversity into therapy processes: The role of individual and cultural diversity competences in promoting

equality of care. *Counselling and Psychotherapy Research, 18*(2), 190–198. https://doi.org/10.1002/capr.12157

Naz, S., Gregory, R., & Bahu, M. (2019). *Addressing issues of race, ethnicity and culture in CBT to support therapists and service managers to deliver culturally competent therapy and reduce inequalities in mental health provision for BAME service users. The Cognitive Behaviour Therapist, 12*, e22. https://doi.org/10.1017/S1754470X19000060

Owen, J., Drinane, J., Tao, K. W., Adelson, J. L., Hook, J. N., Davis, D., & Fookune, N. (2017). Racial/ethnic disparities in client unilateral termination: The role of therapists' cultural comfort. *Psychotherapy Research, 27*(1), 102–111. https://doi.org/10.1080/10503307.2015.1078517

Overview of the Delphi method:

Belton, I., MacDonald, A., Wright, G., & Hamlin, I. (2019). Improving the practical application of the Delphi method in group-based judgment: A six-step prescription for a well-founded and defensible process. *Technological Forecasting and Social Change*, *147*, 72-82. https://doi.org/10.1016/j.techfore.2019.07.002

Trevelyan, E. G., & Robinson, N. (2015). Delphi methodology in health research: how to do it?. *European Journal of Integrative Medicine*, *7*(4), 423-428. https://doi.org/10.1016/j.eujim.2015.07.002

Overview of content analysis:

Mayring, P. (2000). Qualitative content analysis. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 1*(2), Article 20. https://doi.org/10.17169/fqs-1.2.1089

Thank you again for your participation.

Annex M: Supplemental Materials

Figure 4.2

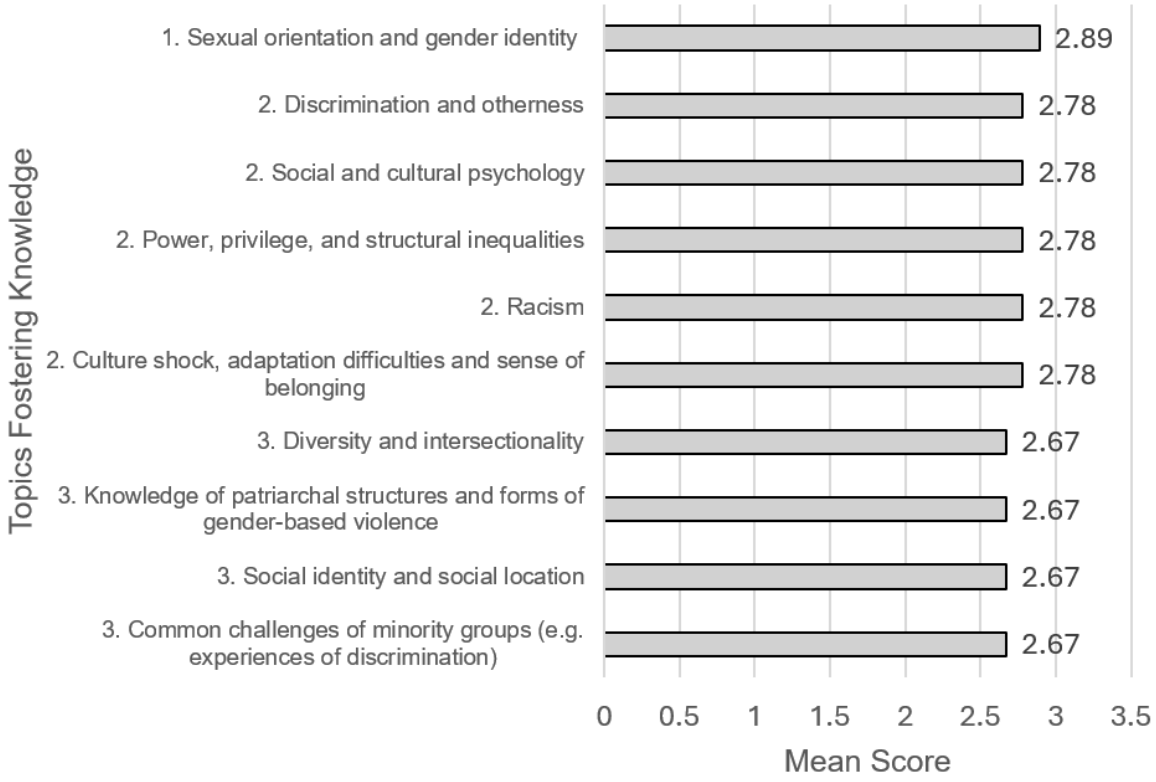
Mean Scores of the Top 10 Topics Fostering Awareness and Attitudes



Note. The bar chart presents the mean scores and corresponding ranks of the 10 highest-ranked training topics fostering awareness and attitudes in psychotherapists' intercultural competence training. Mean scores were calculated from experts' Round 3 ratings on a 3-point scale (*1 = important, but not essential*; *2 = very important, but not essential*; *3 = very important and absolutely essential*). Higher mean scores indicate greater perceived importance, with scores closer to 3 reflecting greater perceived essentiality. Topics were ranked according to their mean scores, with Rank 1 representing the highest-ranked topic. Repeated rank numbers indicate tied rankings resulting from identical mean scores.

Figure 4.3

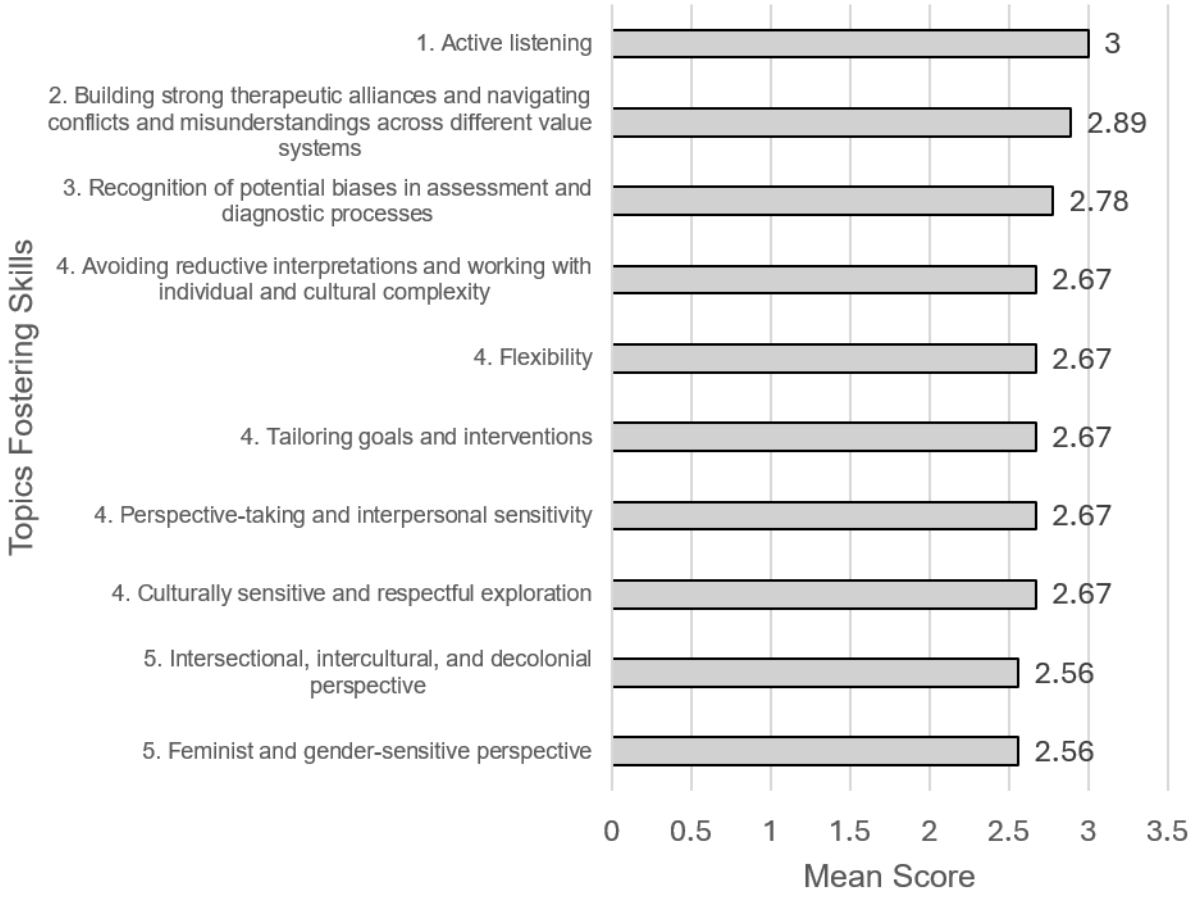
Mean Scores of the Top 10 Topics Fostering Knowledge



Note. The bar chart presents the mean scores and corresponding ranks of the 10 highest-ranked training topics fostering knowledge in psychotherapists' intercultural competence training. Mean scores were calculated from experts' Round 3 ratings on a 3-point scale (*1 = important, but not essential*; *2 = very important, but not essential*; *3 = very important and absolutely essential*). Higher mean scores indicate greater perceived importance, with scores closer to 3 reflecting greater perceived essentiality. Topics were ranked according to their mean scores, with Rank 1 representing the highest-ranked topic. Repeated rank numbers indicate tied rankings resulting from identical mean scores.

Figure 4.4

Mean Scores of the Top 10 Topics Fostering Skills



Note. The bar chart presents the mean scores and corresponding ranks of the 10 highest-ranked training topics fostering skills in psychotherapists' intercultural competence training. Mean scores were calculated from experts' Round 3 ratings on a 3-point scale (*1 = important, but not essential*; *2 = very important, but not essential*; *3 = very important and absolutely essential*). Higher mean scores indicate greater perceived importance, with scores closer to 3 reflecting greater perceived essentiality. Topics were ranked according to their mean scores, with Rank 1 representing the highest-ranked topic. Repeated rank numbers indicate tied rankings resulting from identical mean scores.

Figure 4.5

Mean Scores of the Top Eight Teaching Methods



Note. The bar chart presents the mean scores and corresponding ranks of the eight highest-ranked teaching methods for fostering intercultural competence in psychotherapy training. Mean scores were calculated from experts' Round 3 ratings on a 3-point scale (*1 = effective, but not essential*; *2 = very effective, but not essential*; *3 = very effective and absolutely essential*). Higher mean scores indicate greater perceived effectiveness, with scores closer to 3 reflecting greater perceived essentiality. Methods were ranked according to their mean scores, with Rank 1 representing the highest-ranked method. Repeated rank numbers indicate tied rankings resulting from identical mean scores.

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