

Case Scenarios for CCHF Quadrant Reflection

Case 1: Language Barrier and Family Roles

CCHF Quadrant I: Privileged BHSS / Marginalized Patient

Scenario:

A white, English-speaking BHSS is working with a Spanish-speaking patient whose teenage daughter acts as an interpreter during sessions. The daughter translates for her undocumented mother, who is uncomfortable discussing her trauma history in front of her child but feels she has no other option.

Tensions to Explore:

- Language access and power dynamics
- Immigration status and trust in systems
- Family roles in collectivist cultures vs. Western norms

Discussion Questions:

- What assumptions might the BHSS hold about the appropriateness of the interpreter?
 - How does the patient's marginalized status impact her comfort and agency?
 - What culturally responsive options could the BHSS explore?
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Case 2: Religious Beliefs and Treatment Preferences

CCHF Quadrant II: Privileged BHSS / Privileged Patient

Scenario:

A Christian BHSS and a Christian patient discuss grief following the loss of the patient's spouse. The BHSS uses religious language (e.g., "God's plan") to provide comfort, assuming shared beliefs, but the patient becomes withdrawn and stops attending sessions.

Tensions to Explore:

- Overidentification due to assumed shared identity
- Invisible differences within privileged groups
- Risks of spiritual bypassing in clinical care

Discussion Questions:

- How might the BHSS's assumptions have impacted the helping relationship?
 - How can cultural humility still apply in "same-group" interactions?
 - What questions might the BHSS ask instead of assuming shared meaning?
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Case 3: LGBTQ+ Identity and Misgendering

CCHF Quadrant III: Marginalized BHSS / Privileged Patient

Scenario:

A nonbinary BHSS is working with a cisgender, heterosexual male patient recovering from substance use. The patient repeatedly uses incorrect pronouns despite correction and dismisses conversations around gender identity as "too political."

Tensions to Explore:

- Microaggressions and professional boundaries
- Safety and self-advocacy for BHSS professionals
- Balancing authenticity with therapeutic responsibility

Discussion Questions:

- How might the BHSS manage their own emotional responses while maintaining professionalism?
 - What ethical considerations arise in continuing or ending the helping relationship?
 - What supports should organizations offer BHSS professionals navigating these tensions?
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Case 4: Shared Identity but Divergent Experiences

CCHF Quadrant IV: Marginalized BHSS / Marginalized Patient

Scenario:

A Black BHSS is paired with a Black adolescent who has experienced police violence. The patient assumes the BHSS will "get it," but when the BHSS shares their own story of overcoming adversity, the patient feels dismissed and stops sharing.

Tensions to Explore:

- Overidentification based on shared race or culture
- Risks of minimizing unique experiences
- Navigating authenticity without centering oneself

Discussion Questions:

- What assumptions did the BHSS make in this situation?
 - How can shared identity both support and challenge trust-building?
 - What does cultural humility look like in “same-group” dynamics?
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Case 5: Cultural Healing Practices vs. Western Models

Mixed Quadrant: May apply across I, III, or IV

Scenario:

A Somali refugee family wants to include traditional healing rituals in treatment for their child’s PTSD. The BHSS, trained in CBT, feels unsure about incorporating unfamiliar practices and worries about violating agency guidelines.

Tensions to Explore:

- Medical model vs. cultural practice
- Navigating systems that may not support non-Western approaches
- BHSS comfort with non-dominant worldviews

Discussion Questions:

- How can the BHSS build a culturally responsive care plan?
- What questions should they ask to understand the family's perspective?
- How might institutional policies need to shift to support this family?