

## Scenario #1

Michael works as a therapist at a community mental health agency. Michael receives a new referral for a client (CJ, age 22). Michael reviews CJ's intake form - a standard form for the agency. The intake form includes minimal background information (name, date of birth, gender, ethnicity), client contact information and challenges reported by the client (or referrer). CJ's intake indicates that they have experienced challenges for the past several years with self-harming behaviour (for which they recently visited the hospital) and anxiety. The intake also indicates that CJ had been living with their family, but due to a falling out they are currently bouncing between different friends' homes. On the intake, CJ has identified "Other" as their gender identity (only 3 options for gender are included on the intake form: Male, Female or Other), and no information is checked off in the ethnicity section.

In Michael's first meeting with CJ, Michael starts by introducing themselves and their preferred pronouns (he, him), and checking in with CJ about their preferred pronouns (they, them). Michael then transitions into checking in around any self-harm or suicidal thinking. He experiences CJ as disengaging in response to these questions, and transitions to other assessment questions (e.g., how things are going, whether CJ has friends). He finds CJ to still be minimally engaged (i.e., not making eye contact, giving one or two word answers). Michael decides to try a different approach, and starts asking questions about CJ's personal interests. He finds CJ to be a little more engaged. CJ describes how art and creativity have been an anchor for them through the "hard times." Michael feels tempted to ask about the "hard times" CJ is alluding to, but decides to stay focused on CJ's interest in art, thinking this will help with maintaining CJ's engagement. He also decides to steer clear of asking more questions related to markers of identity (e.g., race, sexual orientation, gender) as some of these seem self-evident to Michael based either on CJ's presentation (i.e., Michael can tell that CJ is Asian) or by details they have shared along the way (i.e., they've mentioned having a girlfriend). Before long, the meeting comes to an end.

### Questions

1. *From a trauma-informed lens, what aspects of CJ's interactions with Michael and the organization he works for were positive? In what areas would there be room for improvement?*
2. *From a culturally competent lens, what aspects of CJ's interactions with Michael and the organization he works for were positive? In what areas would there be room for improvement?*

## **Scenario #2**

CJ is 22 year and looking to access mental health services following a visit to the hospital and a falling out with their family. Fearing how their family might respond to them being non-binary (especially so given their father's short temper and history of abusive behaviour), CJ kept this information private while they were attending college, as they would not have been able to afford to attend school without living at home. The anxiety of keeping this private and having to "pass" at home contributed to increasing anxiety and self-harming behaviours. After they were encouraged by a crisis worker at the hospital to be open about their gender identity, their parents responded poorly and told CJ they weren't welcome at home.

At the hospital, CJ is given a brochure for a local mental health agency. Calling the number on the brochure, they find the intake worker to be friendly, and they appreciate the intake worker being clear about the process and recommending some resources that CJ could access in case the process of opening up about what they are experiencing brings up any difficult feelings. However, they do find it odd that the only options the intake worker provided for their gender were male, female or other, but they don't want to make a fuss about it and be seen as "difficult."

Arriving in the waiting room for their first appointment, CJ is anxious, as they are debating whether to finally open up to someone other than their girlfriend about all of the abusive behaviour they witnessed growing up. Checking in, they overhear the reception worker notifying their therapist over the phone that "she" (referring to CJ) just arrived, and when their therapist Michael starts the session by checking in around "preferred pronouns", CJ feels put off, as they don't think of their gender as a "preference" but a core part of who they are. Michael starts by mentioning that, since CJ had recently gone to the hospital, they want to check in around CJ's safety. While Michael asks them questions about safety and other topics, CJ is only half-present, as they can't shake the loss of control they felt at the hospital and now in this session. CJ is relieved when they get the opportunity to talk about their passion for art instead of all of the problems in their life. CJ does bring up how art has helped them through the "hard times", but is relieved when Michael doesn't ask more questions about their family history, as the last thing they want is to just stir up more painful memories. CJ leaves the meeting feeling overwhelmed.

### *Questions*

- 1. From a trauma-informed lens, what aspects of CJ's experience were positive? In what areas would there be room for improvement?*
- 2. From a culturally-competent lens, what aspects of CJ's experience were positive? In what areas would there be room for improvement?*