



## ETHICS IN ACTION: PERSONAL REFLECTIONS OF CANADIAN PSYCHOLOGISTS

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## tâpwêwin: Speaking to Truth about Assessment and Indigenous Children

*Meadow Schroeder, Stan Bird, Michelle Arlene Drefs, Michael Lee Zwiers*

### Introduction of Authors

**Meadow:** I am an associate professor from the Werklund School of Education, University of Calgary. I consider my path to becoming a school psychologist as part luck. I was a student who had a fairly easy time in school, but recall realizing at an early age that some of my friends learned differently and struggled to keep pace with their classmates. Witnessing the biological, cognitive, and social factors that influenced their education, I developed an interest in how children learn. This interest took a back seat when I entered university to pursue an undergraduate degree in music, but I soon found myself enrolling in psychology courses and switched majors in my third year. I was wondering what I was going to do with an undergraduate psychology degree when I discovered the field of school psychology. It seemed like the perfect pairing of education and psychology that I was looking for. After graduating with my Ph.D. in 2010, I worked in the field as a registered psychologist for a not-for-profit organization before being hired at the University of Calgary. During my 11-year tenure at the university, I have co-ordinated blended programs in school psychology and counselling psychology and served as director of practicum. Between 2018 and 2021, I was the academic co-ordinator for a Master of Education program in school and applied child psychology that consisted of only First Nations students. A collaboration with Manitoba First Nations Educational Resource Centre, the program was designed to meet the educational and learning needs of the students and to infuse Indigenous perspectives into the curriculum. In this role, I gained a deeper appreciation for the social inequities, racism, and barriers that are part of my

students' lived experience, as well as their incredible resilience as they pursued an education.

**Stan:** I graduated from the University of Calgary in 2009 with my Ph.D. in applied psychology. Since then, I have provided school psychology services to rural and remote First Nations communities across Manitoba. My journey to this point in life had been indirect and fraught with uncertainty and challenges. At an early age, I was unsure of my path in life and where it would take me. I was born into a large family in the community of Peguis First Nation, about two hours north of Winnipeg. I have strong roots there and return in the summer to participate in ceremony. I was employed as an education counsellor for recent Grade 12 graduates and older adults. At a time in my life when I was seeking a new professional challenge, the superintendent of the local secondary school suggested I consider school psychology. School psychology was a totally foreign field to me, but it was encouraged as there was a dearth of First Nation school psychologists in Canada. As I went through the program, I struggled to reconcile my Indigenous background with the Western views of psychology. My learning was guided always by the question, "What does this mean for Indigenous peoples?"—"this" being anything related to the discipline of psychology. I found it difficult to find answers to that question on many occasions because I could not see how the psychology concepts and measures I was learning were applicable to First Nations peoples who differed in their culture, language, and everyday lived experiences. I also found there was a lack of literature on the topic that could validate my experience. At one point, I wanted to quit, and I felt it necessary to seek the advice of Baudwaywidun, the spiritual leader of the Midewiwin people. He was not talkative or direct. Rather, he listened quietly and other than asking a few questions about my studies, he said very little. His words were simple, but as the months and years passed, they had a profound impact on my personal practice. He stated, "Once you learn what something is, you will understand what it is not." He was encouraging me to learn everything I could within my area to understand the relevance of it to my people. In my work, I witnessed how the funding model for education that has been imposed on communities has resulted in underserved children. The model forces educators to rely on Western methods of assessment and diagnosis to get support for students. In response, I strived to develop more culturally relevant psychology practices; however, my attempts have been met with limited success because political forces lack the will or desire to change—some of which we will elaborate on in this chapter. Despite these challenges, I credit Baudwaywidun for helping me see importance of honouring a people and their way of life. His words sustain me to this day.

**Michelle:** Prior to my 20+ years in the field of school psychology, as both a practitioner and academic at the University of Calgary, I had the privilege of being an elementary teacher. The majority of my teaching career was spent

as a kindergarten teacher with the Dene Tha' First Nation in the northern Alberta community of Chateh. Located only a proverbial stone's throw from the Northwest Territories border, this was my first exposure as a southern Alberta city girl to remote northern living and the Dene nation.

It was while teaching in Chateh that I was first introduced to the field of school psychology. Every year a team of school psychologists would arrive to complete as many assessments as possible within a two- to three-week period. Prior to their yearly arrival, the principal would request that each teacher identify students they viewed as needing additional educational supports. Most years, I had not identified students for assessment owing to their young age and the fact that, for the majority of my students, Dene was their first and, upon entering school that year, only language. However, this particular year, I had referred James (a pseudonym) to be seen by the psychology team. His progress in learning English and basic kindergarten content lagged considerably behind that of his peers. I still readily recall the psychologist coming to my classroom to retrieve James so she could work individually with him. I had informed her that she would also need to take along the Dene-speaking educational assistant assigned to my classroom to translate because James spoke only a handful of English words. She responded that a translator was not necessary. Needless to say, when the psycho-educational testing came back indicating that the James had significant intellectual impairment, I was outraged. I knew virtually nothing of the field of school psychology or what constituted best practice, but knew that assessing a student in a language he did not even speak was poor practice. It was this incident that made me decide to become a school psychologist and work to know more and do better in my work with Indigenous populations. As I've given focused study to this area over the years, I recognize our field still has much to learn in terms of what constitutes the best and most ethical practice in working with Indigenous students, their families, and their communities.

**Michael:** I hold a master's degree in educational psychology and a Ph.D. in counselling psychology, with two years of postdoctoral training in clinical psychology. I am registered to practice psychology in the provinces of Alberta and Manitoba and hold an adjunct assistant professor position in education psychology at the University of Calgary. My first career was teaching in an inner-city elementary school with fewer than 200 students. I saw some students struggling to learn, to manage their emotions and behaviour, and to fit in, so I enrolled in a master's degree in educational psychology. In my first year, my principal asked me to be the school counsellor. When I protested that I had insufficient expertise, he said, "You'll do just fine," and patted my back enthusiastically. That was common in those days. So I decided to learn as much as I could about school counselling while setting up initiatives to support our students. I invited one of the school board's Native Home-School Liaison Workers, Edith Dalla-Costa,

from Saddle Lake Cree Nation, to join us and run a bi-weekly group for our Indigenous students. She was enthusiastic and engaging, and word got around quickly so we soon had more than 20 participants. By attending, I began to learn a little about the Cree language and culture. In my school counselling role, I also met a number of school consultants, including psychologists. I was intrigued by school psychology with its specialized expertise in learning, development, and emotional functioning. I enrolled in school psychology courses to complement the required coursework for my degree. In those days, the specializations in psychology were not segregated, and my academic supervisor supported my taking whatever courses caught my attention! I have been working with Indigenous clients and cultural representatives since 1986, but still consider myself a novice in cultural understanding. As I learn about Indigenous cultures, I find I am actually learning more about myself.

## Assessment and Indigenous Children

This chapter applies the ethical decision-making model from the *Canadian Code of Ethics for Psychologists* (2017) to a dilemma encountered by Stan in his school psychology practice. The dilemma is an example of the type of challenges school psychologists face in their work, especially when working with Indigenous peoples. We use this case to highlight considerations and difficulties practitioners may encounter when applying the ethical decision-making model to dilemmas arising from their work in support of First Nations communities, families, and individuals.

### Stan's Dilemma

We landed in the fly-in community just as the sun was rising and could see the smattering of houses lined up around the bay.<sup>1</sup> Our plan was to spend the week conducting psycho-educational assessments in this First Nation community in Northern Manitoba, as we had done in past years. The community consists of approximately 5,000 residents, almost half of whom are under the age of 18. We knew we had a busy week ahead of us. We also knew we would be making only a small dent in the needs of the community school. Like most First Nations schools, the elementary school is chronically underfunded. Canada-wide, there are estimates of First Nations schools receiving up to 30% less funding compared to provincially funded schools (Drummand & Rosenbluth, 2013).<sup>2</sup> Although the federal government of Canada recently promised more funding for First Nation education (Government of Canada, 2019), schools are still dealing with the fallout of years of underfunding along with a significant increase in the population of Indigenous children (Drummand & Rosenbluth, 2013).

High-needs special education funding has a significant impact on a First Nation school's total operating budget. The system is set up such that when psychologists diagnose students with disorders or disabilities, schools can qualify for high-needs special education funding that is extra to the base budget. Special education funds afford a range of additional services deemed essential to the learning and success of such students. Such services include teaching assistants, interventions (e.g., reading and math programs, social-skills groups), resource teachers, and counselling services. After the application of complicated formulas, determined by the federal government, to account for the number of students who qualify for special education (see Drummond & Rosenbluth, 2013), schools are given a lump sum of funding. Principals then decide how to distribute it. As there is more need than this additional funding can serve, some hard decisions have to be made as to how funds are best allocated in support of students. Specific to this school, approximately 27% of students were eligible for special education funds, with many more students referred to a waiting list for school psychology services.

The principal greets us warmly as we arrive at her school just as the bell rang and students are entering their classrooms. She had not seen any school psychologists yet that year and needs to submit her request for funding by the end of the month. She provides us with a list of 32 students that were identified by the teachers and school, and for whom parental consent for assessment has already been obtained. We divvy up the list so we each would have eight students to assess over the next week, knowing of course that we might need to be flexible in the event that one of us encounters a particularly complex or time-consuming referral.

Stan started his day with Jonathan, a 10-year-old boy who has had ongoing learning challenges. The school is confident that he has a disability and is seeking help for him. Jonathan has excellent school attendance, having missed only three days this school year, and he has good relationships with his teachers. However, his academics are extremely weak, and he has begun to get in trouble for frequent acting out. Recently, he punched another student who made fun of him on the playground.

While meeting Jonathan's family, Stan finds out that Jonathan is currently living with his grandparents and father. His mother is staying with friends in Winnipeg. She has ongoing medical issues that require frequent and lengthy hospitalizations. Because of the high cost of travel, Jonathan has visited her only a couple of times in the past year. Not only is Jonathan worried about his mother's health, but he also has had a few extended family and community members pass away in the past year, including a cousin with whom he was very close. The grandparents and father seem loving and caring. They say that they see a lot of sadness in Jonathan and angry outbursts when things do not go his way. The family speaks *nēhiyawēwin* (i.e., Cree) at home and admits that their grasp of

written English is not strong. Neither the father nor the grandparents can provide important details about his mother's pregnancy and delivery with Jonathon as his mother delivered Jonathan in the nearby city due to there not being a nearby hospital facility and they were not in attendance. By their account, development appeared normal. However, the father and grandparents indicate that Jonathan's mother would best be able to answer the developmental questions, but she is not healthy enough to speak with Stan.

When Stan reviews the scores of Jonathan's standardized intelligence test, the results suggest that Jonathan has an intellectual disability (a Full-Scale Intelligence Quotient [FSIQ] of 65). Although Jonathan has an average nonverbal FSIQ score with a standard score of 90, his other scores, including his verbal score, are much lower. Teacher observations of his adaptive functioning are consistent with the FSIQ, but his father left too many unanswered questions on the form for his reports of adaptive functioning to be scorable. With Jonathan's current FSIQ and teacher reports, Stan has a strong argument for diagnosing him with an intellectual disability and knows that the diagnosis will benefit him by allowing the principal to access funding to provide Jonathan with counselling supports and a part-time teaching assistant. However, Stan is concerned that other factors, such as English as a Second Language and emotional loss and its impact on motivation are negatively affecting Jonathan's performance on the intelligence test, the adaptive functioning measure, and his ability to cope academically. Furthermore, Stan knows that current standardized assessment measures often are criticized as lacking culture fairness and can disadvantage students of diverse cultural or linguistic backgrounds (Ortiz, 2019). Although First Nations students are a heterogeneous group, they tend to perform lower than White students, particularly on tasks of verbal intelligence. However, the federal government's First Nations and Inuit Health Branch, which approves applications for funding, requires that diagnoses be made using standardized measures. To date, there are no measures developed specifically for use with Indigenous children, compelling Stan to use what is available. Considering the test limitations, Stan is concerned that this assessment presents an underestimate of Jonathan's true abilities. If this is the situation, giving Jonathan a diagnosis of intellectual disability that would follow him throughout his life would be misleading and potentially harmful. However, in not giving him the diagnosis, Jonathan is not likely to receive the needed counselling and teaching assistant supports.

Concerned about the implications of his decision, Stan decides he needs to consult with colleagues. Stan is one of only a few school psychologists with an Indigenous background in Canada. Without a strong network of Indigenous peers to rely on, Stan seeks us out for consultation. As a team, we share a long-standing interest and commitment in working toward understanding and adopting best practice approaches in our work with First Nations peoples. Although

Stan's impression is that many non-Indigenous school psychologists are unaware of the lived experiences of First Nations peoples, he has come to trust our judgement and insights because of our previous experience working with Indigenous communities. He is open to our perspectives but must ensure that his decision is congruent with the context and culture.

### *Step 1: Individuals and Groups Potentially Affected*

After listening to Stan, we identify the primary individuals affected by any decision to be Jonathan, his family, and the school. Also potentially affected is Stan who has a professional reputation to uphold. If his decision harms Jonathan, his family, or the school, he risks developing a poor standing with communities. Before they hire contract psychologists, school administration (via resource teaching staff) will seek informal references from other communities. Performing poorly in one community may affect his chances of being employed by other communities. We also think that public trust in the school psychology field is a concern.

### *Step 2: Ethically Relevant Issues and Practices*

Along with Stan, we identify a number of ethical values under the *Canadian Code of Ethics for Psychologists*' (2017) four ethical principles that we think are key to this dilemma.

#### **PRINCIPLE I (RESPECT FOR THE DIGNITY OF PERSONS AND PEOPLES)**

Under Principle I, it is important that the value of *General respect* be honoured. The community and the people within it need to be shown such respect, particularly when it comes to their cultural perspectives and values. There are many ingrained stereotypes and assumptions in mainstream culture that have been reinforced by colonialism and that are degrading to Indigenous peoples. In addition, colonialism has unapologetically trampled on Indigenous rights. As psychologists, we also have a duty to protect the value of *General rights* by ensuring psychological knowledge is neither misused nor misinterpreted in ways that undermine these rights. We also are expected to avoid *Unjust discrimination*. There has been a long history of discrimination against Indigenous peoples in Canada and psychology has actively participated in that discrimination (Canadian Psychological Association [CPA] & Psychology Foundation of Canada [PFC], 2018; Moorehead et al., 2015).

Although Indigenous cultures are varied across Canada, the culture of Indigenous peoples is distinct from Western cultures in many ways including their value systems, social structures, interpersonal relationships, languages, views about education, and views on health (Gone, 2008; Little Bear, 2000).



Some psychologists believe Western approaches to health and education can be applied directly to Indigenous communities without considering or accommodating for the cultural differences (Reynolds & Suzuki, 2012). Others unwittingly engage in discriminatory and insensitive acts because they lack cultural competence (Snowshoe et al., 2017). Regardless of intention, for many years our field has ignored the influence of culture on learning, resulting in a disproportionate number of Indigenous students being placed in special education classes or labelled as delayed or disabled (Newell et al., 2010; Robinson-Zañartu et al., 2011). Importantly, Jonathan deserves *Fair treatment* in the process. Being treated fairly in this context means using fair assessment methods and interpreting assessment results with his family, social, and community contexts in mind. For example, psychologists should understand and respect cultural differences in child development and child-rearing practices. Indigenous children's early learning experiences primarily include skill development facilitated by adult demonstrations and mentoring, oral storytelling, and co-operative activities (Rogoff et al., 2017), which are different from school-like methods of learning in Western cultures. School psychologists may misinterpret the learning behaviours of Indigenous children as indicative of a lack of ability (Ball, 2012; Rogoff et al., 2017) rather than the result of a mismatch between their early development and Western schooling.

## **PRINCIPLE II (RESPONSIBLE CARING)**

As part of our commitment to responsible caring within this particular community, we also ask ourselves if we have the *Competence and self-knowledge* to complete assessments with Indigenous populations. As clinicians, we encounter two barriers to developing such competence and self-knowledge. First, school psychology has lagged behind other areas of psychology (e.g., counselling, educational) in attracting non-White practitioners and in its consideration of diversity in training models (Ansloos et al., 2019; Newell et al., 2010; Robinson-Zañartu et al., 2011). Second, a review of the literature finds very little research in school psychology that includes Indigenous peoples (e.g., Grigorenko et al., 2001; Nakano & Watkins, 2013), and what little information is available tends to focus on a deficit model that highlights what Indigenous students cannot do (e.g., Nakano & Watkins, 2013). At the same time, there are few suggestions for how school psychologists might approach their practice differently and what impact their own background, culture, and biases might have in working with Indigenous children.

First Nation communities, especially those in rural and remote areas, often have had difficulty accessing psychology services (McIlwraith et al., 2005). There are a limited number of psychologists willing to travel to communities, and smaller communities do not have the resources to hire their own staff. Using

contract psychologists has limitations for a number of reasons. Perhaps most salient is the reality that “time is money” so band councils hire psychologists to complete as many assessments as possible to meet criteria for the funding model. Too often, these contractors have little vested interest or time in developing relationships with educators and families, understanding the context in which students reside, or considering the appropriateness of their practice. An example is Michelle’s experience, referred to earlier, as a teacher with a psychologist who refused to use an interpreter when working with kindergarten-aged children who had been exposed to English for less than a year. It is not uncommon for assessments to be rushed, resulting in significant errors that in turn lead to conclusions or diagnoses that are seemingly biased, based on incomplete information, and/or lacking in cultural appropriateness (CPA & PFC, 2018). To compound the issue, the band council does not have the training and expertise to evaluate the work of the contractors; they evaluate competence by how much the psychologist accomplishes in a visit and the amount of funding this provides to the school for additional resources. Furthermore, because this work takes place on federal lands, the psychological regulations of individual provinces do not apply. As a result, some psychologists are empowered to disregard standard practices and act in a way that leads to assessment for profit. Our group wants to interrupt this approach by providing quality assessments that incorporate a more culturally sensitive approach. This is not an easy undertaking. Even Stan, who is Indigenous, had to find ways to integrate the Western model of psychology with his culture through his on-the-ground experience, instead of relying on formal training. Thus, although the four of us bring our unique backgrounds working with Indigenous groups to our practice, it has been ad hoc and without the benefit of evidence-based training. This tension between goals of reconciliation and graduate training is described eloquently by Schmidt (2019) from Cape Breton University who highlights the desire of universities to Indigenize their curricula. They rely on newly hired Indigenous faculty to change campus culture in the face of subtle (or not-so-subtle) racism. The four of us could have chosen not to take the contract with the community. Yet, without other professionals who have more competence and with communities desperate for services, we have decided to provide our services while making every reasonable effort to honour the value of *General caring* and ensure that our practice does no harm.

As part of Principle II, we need to engage in *Risk/benefit analysis* with respect to the course of action being advised or chosen. Stan’s assessment of Jonathan must be thorough enough for him to consider and decide what might benefit him. Furthermore, the school, his family, and even other community members involved in his development, should be able to understand how Stan’s diagnostic decision is of benefit. We know our tools are not as culturally relevant as we desire

to maximize the potential benefits of the assessment process. To compensate, we must look beyond the test scores and consider Jonathan in his current context.

### **PRINCIPLE III (INTEGRITY IN RELATIONSHIPS)**

One of Stan's concerns about his decision is upholding the *Code's* Principle III (Integrity in Relationships), which contains such values as *Accuracy/honesty* and *Straightforwardness/openness*. As a First Nations person, he is well aware that many Indigenous people perceive the current educational system, to which school psychologists are affiliated, as a continuation of the legacies that have oppressed their ways of life (Elias et al., 2012; Snowshoe et al., 2017). Indigenous people have had their children taken away—first through the residential school system, then by the “Sixties’ scoop,” and today with an overrepresentation of Indigenous children in care and youth in juvenile detention. Given the historical and ongoing colonialism that Indigenous people experience, they may feel distrust of the system and those who work within it. For many, Western approaches to health contradict traditional teachings and understanding of the world (e.g., Struthers & Eschiti, 2005). While the school wants to have Jonathan assessed because they want to help him academically, his family may find the goals of the assessment confusing and may question the intentions of the school.

Understanding how history has affected communities, Stan recognizes the importance of establishing trust with the family by being truthful and honest about his activities while also being aware of his personal biases. Truthfulness is integral to an Indigenous value system that includes honesty, caring, and respect. As part of Indigenous teachings, truthfulness is interconnected with other values. For *nēhiyawak* (i.e., Cree), “truth” is law. Although there is no direct translation of “truth” in Indigenous cultures—in *nēhiyawak* society, it aligns with the term, *tāpwēwin*. It is a spiritual way of knowing that is based on the creative process observed in the natural world (i.e., the cycle of the seasons, the cycle of life), and is tied to the law of *pimātisiwin*, which comes from *pimatci*, or “to follow Mother Earth.” (Jeff R. Wastesicoot, personal communication, July 14, 2020). In this respect, truth is a “state of being” found in the repeated actions of the individual. Repeated actions determine whether an individual mirrors the creative process found in the natural world and whether this is their state of being.

Similarly, honesty is an important Indigenous value, and is associated closely with sharing (Little Bear, 2000). Sharing is found in relationships. Little Bear explained that the cultural teaching of sharing involves an understanding that everything has life and is part of the continuous change that is creation. The customs of the people, like songs, ceremonies, stories, and dance, provide the means to share one's understanding of creation, and in a sense, share life so that others may have life. Indigenous people know that it is impossible to know with certainty what someone else knows. We are dependent on what others choose to say

or share, and their words are given life with breath. Through breath, which like wind, is life-giving, their words are given life. Untruthful practice is not life-giving and is harmful to the reputation of the psychologist and the relationships he has with others, including other communities (since families often communicate with each other). If the psychologist is not truthful in their actions and words, others will not trust the psychologist.

For us, there does seem to be an element of “truthfulness” to this ethical decision making that relates to the limitations of our profession. Not only should Jonathan’s family understand what they are agreeing to with the assessment, but we must endeavour to ensure they understand the implications of diagnosing or not diagnosing an intellectual disability. Such a diagnosis would help Jonathan access services. At the same time, it should not be considered lightly. If we are wrong and intellectual disability is not an accurate diagnosis, Jonathan might have difficulty removing the label and he could suffer long-term consequences. We must consider the implications of giving a diagnosis that will potentially follow Jonathan for the rest of his life.

#### **PRINCIPLE IV (RESPONSIBILITY TO SOCIETY)**

Principle IV requires that we situate the dilemma within the societal context. Jonathan’s current functioning is partly an outcome of the historical treatment of Indigenous peoples. The psychology profession has been part of a system that has reinforced colonial values and it is our duty to prevent ongoing racism. We can do this by engaging in *Beneficial activities* that promote social change—one of the values of Principle IV. Such activities include taking a critical stance on psychology’s role in colonization, encouraging better services for communities, and making psychologists accountable for their work.

The decision about Jonathan should incorporate the Principle IV value of *Respect for society*, particularly the subculture within which Jonathan is situated. We should have an adequate knowledge of the culture, social structure, history, and customs of his community. As identified earlier in this chapter, we acknowledge the limitations of our cultural competence. Yet, that does not mean that we cannot seek out guidance from community members and respectfully consider their perspectives, systems, and customs. By upholding Principle IV, we have an opportunity to contribute to the *Development of society* by promoting practices that create societal change and avoid the misuse of psychological knowledge.

#### ***Step 3: Consideration of Biases, Pressures, Personal Needs, Self-Interest, and Contexts***

When we consider the dilemma Stan is facing, we recognize our own biases as they relate to the cultural and historical background specific to this assessment and our work in this community. Aware of some of the troubling practices other

psychologists employ, these experiences have shaped who we are as psychologists and constantly challenge us to be mindful about making the best decisions possible when working with Indigenous students and working to ensure we do not sustain damaging colonial practices.

All four of us appreciate that we are visitors to this community, which carries a complex political, social, and relational dynamic. We value a strength-based perspective in our work. We know that our work captures only a snapshot of the child on one given day, with relatively minor consideration of the child's broader environment. Based on how Jonathan is performing under formal assessment conditions, he appears to have many delays in his functioning; however, outside of the testing room, he may excel in other situations. If Stan had the time and opportunity to talk with Elders of the community, they might be able to offer a perspective of Jonathan that is quite different to a Western-education perspective, which tends to align itself with a pathology-centred medical model (Gutkin, 2012). Additionally, without his mother to give us information about his developmental background and without seeing the child in his environment, Stan risks making a diagnosis devoid of context.

For us, the use of standardized test measures with Indigenous children is a big concern. The academic and cognitive performances of Indigenous children have been compared unfairly to White, middle-class children using standardized tests that assess what White test developers deem important (Neegan, 2005; Rogoff et al., 2017), and are based on norms from predominantly White students who have access to enhanced educational opportunities through a better-funded educational system, not to mention better health, nutrition, and housing. As a result, Indigenous students are at a disadvantage. Additionally, Indigenous values and needs are rarely considered. For example, Indigenous children living in rural and remote areas acquire practical or adaptive skills that match the demands of their environment (Findlay et al., 2014; Grigorenko et al., 2001). Elders and family members might value children's ability to identify wild plants, catch fish, and hunt. In contrast, the same skills are not seen to be essential for urban children who instead need to know how to cross a busy road, buy things from the store, and navigate public transit. We recall, for example, a veteran psychologist's account of his early days testing in a northern fly-in Indigenous community. He had just completed testing a young boy who obtained a FSIQ score within a range that would suggest he would have profound deficits in his ability to reason, problem solve, and plan. Yet, when a winter storm rolled in and caused white-out conditions that seemingly made it impossible for the psychologist to return to the airplane at the end of the day, it was this young boy who was selected by school administrators to successfully navigate the psychologist back to the airstrip on a snowmobile.

Language has had a particularly complicated relationship with formal testing (Cormier et al., 2018). Many psychologists value verbal scores over nonverbal scores such that average or higher verbal scores in the presence of lower nonverbal scores are given a learning disability designation, whereas the reverse is viewed as low cognitive ability. We have seen other students like Jonathan who have verbal comprehension scores so low on intelligence tests that it pulls down their FSIQ, sometimes dropping it to the intellectually impaired range. In this context, it is critical for us to understand how language is used in the home and community. Children are encouraged to learn by observing, and interrupting or questioning Elders and adults can be viewed as inappropriate or disrespectful. Too much talking while on a hunting trip can scare off animals, which affects the family's food supply or income. In an educational context, children's silence might be seen by teachers as a disadvantage for learning without recognizing that it is a reflexive process that is learned early in childhood. The language development of Indigenous students has been affected by historical inequities in the education that their parents received, as well as by the decimation of Indigenous languages (Statistics Canada, 2018). Many isolated communities have developed English dialects that are a blend of English or French with Indigenous languages (Ball, 2009; Thorburn, 2014). A recent graduate student of Meadow's grew up in a fly-in community where children attended a residential school run by French-speaking nuns who taught them in English. This resulted in an entire isolated community with a unique vernacular and accent.

We recognize the issues in assessing Indigenous children with instruments that reflect the dominant culture's knowledge and values (Eriks-Brophy, 2014). Language encodes values, a way of thinking, and ways of acting that are integral to culture (Battiste, 2000). Consider for a moment the cultural and historical references made every day in the English language. A few examples to consider are: "Let's Google that," or "To go Dutch on a date." Indigenous Elders believe that, if their communities can hold onto language, they will never lose cultural knowledge and the underlying values that are tied to it (Battiste, 2000). Language is unwritten history. Unfortunately, to complicate clinical practice, English, or a dialect of it, has become the dominant mode of communication in younger generations, so the values and worldviews perpetuated through the English language becomes the standard. Thus, Indigenous children's language is influenced by adopting a colonial language that is contradictory to their people's ways of understanding and interacting with the world (Schroeder et al., 2020).

As a team, we also have been influenced by Stan's perspective on the situation as an Indigenous person. There are very few Indigenous school psychologists in Canada. Stan is one of a handful of clinicians who brings a personal understanding of Indigenous knowledge and culture to school psychology practice. Part of Stan's hesitation with making the diagnosis of intellectual disability stems

from his unease with giving a diagnostic label of “disorder.” Although not all Indigenous people embrace traditional perspectives, seeing children as disabled is a deficit-based view that is contrary to an Indigenous worldview. Instead, children are seen as sacred beings who bring gifts to their community. This understanding is tied to how Indigenous peoples view human development and spiritual connectedness. The gifts of children can come in different forms such as being a good hunter or something as simple as helping another person learn a life lesson. If a child has a problem, they work to find solutions and draw on strengths, and have little interest in assigning a label.

Aside from his Indigenous spiritual belief about disabilities, Stan is concerned that a diagnosis may further marginalize Jonathan within his family and broader community. In Indigenous communities, all adults are responsible for raising children through a strengths-based lens. Children will learn skills when they are ready, and adults strive to find ways to support their development. If Stan gives Jonathan a label for the problem, his family may no longer see themselves as agents of change and see the responsibility for the child in the hands of educators. If Stan is to consider the intellectual disability diagnosis, he needs to better understand how the family views this diagnosis and any potential harm it might cause.

Competing here with our inherent primary biases and consideration of cultural factors are several external factors. In particular, we recognize that we work within a primarily Westernized education system, both in terms of its delivery and funding models. We feel pressured by the principal to diagnose Jonathan so she can access services for Jonathan. We like the principal and the school staff. We see how hard they work in an underfunded school. Sometimes, the principal has difficulty finding enough money to pay for basic materials such as books, paper, and pencils. Special education funding helps supplement basic needs for all students, not just for students with special needs like Jonathan. If the principal cannot access extra funds, it hurts all the children in the school. When we look around, we feel some responsibility to help. We also have a contract with the community that helps pay our bills. If the principal is not happy with the outcomes of our decisions, the band might not award us with another contract in the future.

### *Step 4: Alternative Courses of Action*

After some discussion we identify three courses of action.

#### **ALTERNATIVE 1**

Stan could diagnose an intellectual disability but explain to the principal and family that he suspects the diagnosis is not an accurate explanation for Jonathan’s learning problems. Stan then could work with the school staff and family to



develop a learning plan that addresses Jonathan's learning needs, have them monitor his response to the plan, and reassess him after he has had an opportunity to respond to the plan.

### **ALTERNATIVE 2**

Stan could explain to the principal why it is not in the best interests for Jonathan to be diagnosed with a disorder that does not accurately explain his learning problems. He could offer to provide some professional development for the school staff and family regarding behaviour management and the effects of trauma on children's functioning. Additionally, he could help the family develop an appropriate homework plan with the teacher. Part of this work could additionally involve encouraging the school to adopt more school-wide approaches that focus on high-quality instruction and universal screening of all children in the general education classroom. This assumes that if the colonial impacts specific to this situation are accurate, it would be reasonable to assume that other students are similarly impacted.

### **ALTERNATIVE 3**

Stan could delay making a diagnosis until he can follow up with Jonathan's mother when he returns to the city, asking her about Jonathan's early development. In the meantime, Stan could utilize community members to work with Jonathan and piggy-back or partner with existing services and supports within the community. The next time he visits, Stan could try to arrange unobtrusive observations of Jonathan outside of the school environment to get a better sense of his adaptive skills. If Jonathan meets criteria for a diagnosis, Stan could work collaboratively with the school, community, and Jonathan to develop targeted programming.

### *Step 5: Short-term, Ongoing, and Long-term Risks and Benefits*

If Stan were to diagnose an intellectual disability, Jonathan would benefit from funding and the school personnel would be satisfied with the outcome. However, when we look at Jonathan in context, we see an angry, confused little boy who has a supportive family but who needs help processing the loss of his cousin and his other relatives. To some degree, he also has experienced the "loss" of his mother. It is quite common for members of First Nation communities to lose family members and friends to disease, suicide, and death as the result of systemic violence. With ongoing, multiple, and unpredictable deaths, adults do not have the time or the skills to process one death before the next death occurs. Jonathan's family cares about him, but as they try to manage their own grief, the effects of intergenerational trauma can be profound and sometimes make this impossible.

However, Stan risks misdiagnosing Jonathan. We are cognizant of the limitations of our standardized testing with this population and without a prior testing



history, we are unsure how much his current social-emotional functioning is affecting his test scores. Additionally, we need to consider that Jonathan's non-verbal scores were within average limits, pointing to some key capacities that should not be ignored. Further, adaptive functioning was only reported by the teacher because the family was not able to accurately answer the questions. By not considering the context in which Jonathan is situated, his family might see the label as unhelpful and deficit-focused. Stan needs to consider the effect that a loss of trust might have on his relationship with the family. One problem with labels is that they tend to stick around and are difficult to remove from students' files even if a reassessment has different findings. Stan needs to have faith that the school will take the time to address what he suspects are the underlying causes of Jonathan's learning problems (i.e., delayed language and trauma) rather than treat him like a child with an intellectual disability. He also needs to trust that the school will be willing and able to schedule Jonathan for reassessment after they have carried out the advised educational plan. Unfortunately, with all the other children waiting for an assessment in the community, Jonathan may never receive an updated learning assessment. With extensive wait times, a loss of motivation to learn and school dropout become real concerns.

By not making a diagnosis, Stan would be asking the school, home, and community to support Jonathan within their existing resources. They may not have sufficient resources to include another child in a finite special-needs support system, or the interventions they are able to put in place may not be adequate. For instance, Stan has seen schools ask children to attend school half of the week so that special-needs resources can be shared amongst more children. With the resulting missed school time, these children are not receiving adequate education or special-need supports. A potential risk of this for Jonathan is that, if his needs remain unmet, he may become angrier and more aggressive within the school context.

The third alternative of delaying a diagnosis until Stan can gather more information would mean a more thorough assessment needs to be conducted. Stan would be more confident in his conclusions. However, there remains a risk that Jonathan's mother will not be reachable when Stan returns to the city, or that she is not able to provide any more information than he already has. There is also the chance that Stan will not be back in the community for a long time, so waiting to conduct an observation of adaptive skills would mean that the services he puts in place until a diagnosis, if any, could be made may not be the types of services Jonathan needs. While this option helps Stan better determine if a diagnosis is warranted, an additional difficulty is that it does not resolve any of the two-worlds issues identified above, such as the appropriateness of diagnoses from an Indigenous perspective.

### *Step 6: Choice of Course of Action*

Following consultation, Stan decides that Alternative 2, which includes not diagnosing an intellectual disability, is the best course of action available to him at this time. It upholds the principle of respect for the dignity of persons and peoples, including non-discriminatory assessment. It is more likely that weaker English language development, combined with social and emotional challenges, is affecting Jonathan's learning rather than a general cognitive delay. Despite the school's need for funding, Stan believes that Jonathan deserves an assessment that considers his situation within the school, home, and community context.

### *Step 7: Action*

Stan meets with the school personnel and Jonathan's family to explain his assessment findings. Together, they decide on some strategies that teachers can use to manage Jonathan's behaviour and support his learning in the classroom. They identify ways the family can be more involved in his education, including having better communication about homework by having a calendar that Jonathan brings back and forth to school. Lastly, Stan suggests Jonathan access some community-based supports that might support Jonathan's social-emotional development, especially his struggles surrounding the absence of his mother, loss of extended family, and fears of losing other family and friends. Before he leaves, Stan identifies some key professional development opportunities for school personnel that he could provide on his next trip to the community.

After the meeting, Stan discusses his decision with the principal and offers alternative ways to support her. He recommends that, instead of focusing only on assessment in the school, a consultation model would be more culturally relevant for all students, not just for Jonathan. Compared to assessments, consultation is more flexible and focuses more on emerging needs and response to intervention.

### *Step 8: Evaluation of the Results*

The principal is not pleased with Stan's decision. She turns down Stan's suggestion to focus more on consultation. She does not see the value of consultation if it does not lead to funding needed to provide services for her students. She has limited dollars for school psychology services, and she believes that diagnosing for dollars is the best use of the money. She asks Stan to reconsider his decision, arguing that she had seen other students with similar profiles who other psychologists had diagnosed with an intellectual disability. She does not see the harm in the diagnosis if it is a means to get funding that would ultimately provide support for Jonathan. Stan explains that misdiagnosing Jonathan could be more harmful over the long-term than the short-term benefits of the diagnosis. As the 2018 report by the CPA and the Psychology Foundation of Canada stipulates,

“Psychologists administering assessments should help clients understand that the function of assessment is to inform treatment and provide access to services, rather than merely provide a label or diagnosis” (p.19). If the label follows Jonathan into adolescence and adulthood, he might be provided supports that ignore the context in which Jonathan is situated, particularly his past trauma. He also could be denied access to other education opportunities because he will be seen as intellectually disabled instead of someone with English language delays that affect his learning.

### *Step 9: Responsibility for Consequences*

Still believing he made the right decision, Stan does not give in to the principal’s wishes. He notices that the principal’s goodbye as he leaves the school is not as warm as her welcome greeting. However, he plans to keep in touch with the principal with the intent of forming a better relationship with her. He has not given up hope that he can convince her there are better ways to support her students.

### *Step 10: Action to Prevent Future Occurrences of the Dilemma*

Stan’s situation is reflective of an underfunded education system that struggles to serve Indigenous students with special needs. Financial- and resource-strapped schools are seeking extra funding in the form of high-needs special education, but can only access it through formal assessments and diagnoses. Often, however, assessments are conducted by professionals with little-to-no understanding of Indigenous ways of knowing and living. They use instruments that are not relevant to the experiences of children and use a diagnostic system of labelling children with disabilities, which conflicts with Indigenous views of children.

It is clear that our profession needs to advocate for change. As clinicians, we will continue to work at becoming knowledgeable about the cultural, linguistic, and social differences between Western and Indigenous societies, particularly the divergent perspectives on children’s development and education. When we travel to communities, we will try to educate band councils and school personnel about the potential benefits of alternative models of service (e.g., consultation, response to intervention) that are strength-based approaches. Although assessment will be necessary in some instances, we will seek first to find solutions to problems and avoid labelling students using a medical model. These proposed changes to clinical practice will mean spending more time in collaboration and community engagement and will likely be more costly. This model also may lead to reduced funding overall for the school if fewer students are identified as high-needs. Should this occur, we view our role as helping advocate alongside our education partners to draw attention to reduced funding levels and the resulting harm to children (and communities). Furthermore, we will join other voices, including those of Indigenous psychologists, who are fighting to bring about change.

For Michelle and Meadow, who work within academia, consistent with the Principle IV value of *Development of knowledge*, we will strive to improve the training of graduate students. Although many Canadian universities have sought to change their curricula and have attempted to hire Indigenous faculty, there is still a limited number of Indigenous scholars of psychology in Canada (CPA & PFC, 2018). We are relying on a small pool of young, pre-tenured faculty members to lead change (Schmidt, 2019) and we have personally witnessed the emotional toll this has taken on them. Those of us who are not Indigenous have a responsibility to be non-Indigenous allies. Not only should students understand the history of Indigenous peoples, but they also need to take a critical stance on mainstream assessment, intervention, and consultation practices. There is also a need to attract and retain more Indigenous students in programs. This is a difficult task because there are numerous barriers for Indigenous students to access and complete post-secondary training (Louie et al., 2017). Our goal is to identify Indigenous students early on who are interested in pursuing degrees in psychology, including graduate school. By collaborating with communities and removing barriers, we want to provide mentorship that promotes student success. Once students are in our programs, we need to ensure they feel they are not alone in their views or subject to subtle racism. Furthermore, they will need help integrating both worlds (Indigenous and non-Indigenous) so that they are not continuing to perpetuate harmful psychology practices.

Importantly, we can join the national conversation about access to reliable funding for education and quality psychology services. We can work to change graduate training and practice in communities, especially our approach to assessment. We believe changes to the latter will only be effective if we include the perspectives of community members, Indigenous graduate students, and Indigenous scholars. The system that perpetuates insufficient services will be difficult to change. Together, we can take a stance on these issues by publishing chapters like this one that highlight the problems with our systems as well as lending our voices to minority Indigenous voices seeking to make change and be a part of the decision-making discussions at a federal level.

## Concluding Thoughts

This chapter exposes some of the challenges school psychologists may face when working with Indigenous students. Keeping in mind the great diversity that exists within and among Indigenous communities, clinicians must be mindful of cultural considerations specific to each community, family, and individual with whom they are invited to work. We situated this ethical dilemma within a First Nation community school. Although there are unique aspects to serving Indigenous populations living in First Nation communities, much of what has

been discussed in this chapter also can be applied to serving Indigenous students living off-community. Some general areas to consider are an individual's degree of acculturation, English language proficiency, historical trauma, and a shared understanding of the education system and psychology. It is our hope that anyone reading this chapter will carefully contemplate their roles and responsibilities should they find themselves working with Indigenous communities and Indigenous people; they should also work toward building relationships and trust with such communities over time.

School psychologists function within the larger social institution of schools—a system that may not be always congruent with the standards and practices of psychology. This is highlighted in our scenario, including in the principal's strong push for a diagnosis in order to access much-needed funds to better support Jonathan's learning and social-emotional needs. School psychologists can and should work to advocate for the adoption of practices that are culturally appropriate and aligned with contemporary thinking; however, such work takes time. In the meantime, school psychologists are left to make difficult and seemingly imperfect decisions. In such instances, the conscientious application of existing ethical principles, values, and standards can provide school psychologists with guidance to make the most ethical decisions possible in the circumstances.

## Questions for Reflection

1. When considering Principles I and II, how would you apply the principles, values, and standards in your work with Indigenous students? Identify barriers to upholding them fully.
2. In a graduate psychology program, one faculty member has opposed a decision to accept an Indigenous student because of the student's lower grade point average and lesser research experience. Considering the colonial and educational history of Indigenous people, draft an argument outlining the CPA ethical principles and associated values that counter the faculty member's opinion.
3. The psychologists in this chapter decided to work with a First Nation community despite limitations to their cultural competence. Were they justified in doing this?
4. With a growing Indigenous population, school psychologists are faced with how best to serve them. Read CPA and PFC's (2018) response to the Truth and Reconciliation Commission of Canada report. Consider ways psychology might uphold Principle IV.

## NOTES

- 1 The referral presented in this chapter is fictional. It is based on the type of referrals seen in First Nations communities and is representative of the tensions that exist between psychology, the education system, and Indigenous culture.
- 2 An exact number is difficult to calculate. Funding differs for multiple reasons, including location and community access.

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