

Practicing Assessment as a Good Relative:
Perspectives of Indigenous Youths and Caregivers of Indigenous Youths

by

Elizabeth Marie Carlson

A thesis submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

School and Clinical Child Psychology

Department of Educational Psychology

University of Alberta

© Elizabeth Marie Carlson, 2024

Abstract

In this thesis, I co-created knowledge with eight Indigenous youths and ten caregivers of Indigenous youths through qualitative interviews about their experiences of and preferences in psychological assessment. I was guided by constructivist methodology in my use of the qualitative descriptive method. Thematic analysis was my data analysis strategy, through which I came to present the co-created knowledge through interpretive and rich description. Before presenting the co-created knowledge, I present a review of the relevant literature. In the co-created knowledge chapter, I present through thematic networking the global theme of *Practicing Assessment as a Good Relative*. Youths and caregivers shared how assessment needs to be done in a good way through relational practice meant to “help our relatives.” I then present the three interconnected organizing themes of *Relationship Above All*, *Understanding and Respecting Context*, and *Truly Seeing the Youth*, and their respective subthemes. The potential for benefit and harm is explored surrounding the presence or absence of relationality, understanding and respecting context, and coming to truly see youth in assessment practice. In the discussion chapter, I discuss the co-created knowledge in context of the literature, explore practice implications, and offer a framework for practicing assessment as a good relative. In the concluding chapter, I summarize this research, explore considerations, limitations, and future research, and offer my final reflections. This research provides critical process, outcome, and youth- and caregiver-based evidence to guide practice forward in a good way.

Keywords: psychological assessment, Indigenous youth, caregivers, relationship, wholistic, clinical implications

Preface

This thesis is an original work by Elizabeth Marie Carlson. This research project, “Assessment Experiences of Indigenous Youth and Families,” received research ethics approval from the University of Alberta Research Ethics Board, Pro00096621, 24 April 2020.

Dedication

For all those with whom I co-created knowledge and who guided me to this point, I am deeply grateful.

Acknowledgements

I am so very grateful to the youths and caregivers with whom I co-created knowledge in this research. I am humbled by your honesty, your passion, and your trust in me to do this work in a good way. It was a privilege to work with you. The knowledge we co-created honours those who came before us and will help those who are here with us now, and those generations to come.

I have been guided by so many people in this work. From youths and caregivers talking to me about their assessment experiences prior to this research journey, to Elders, Knowledge Keepers, and community members, and the many strong mentors in my life who have deeply impacted my approach to research, practice, and life. My friends, family, and loved ones also provided guidance and support. It is difficult to express the gratitude I have for all of you.

To my PhD supervisor, Dr. Jacquie Pei, I thank you for welcoming me into your sphere. As a mentor, I have felt truly seen and understood by you. You have demonstrated compassion and grace in my times of struggle, all the while pushing me to expand my views and embrace those struggles as part of my growth. Not only have you taught me about these things, but you have also modeled them. Through it all you have collaboratively helped guide me towards a hopeful plan and path forward. Your flexible and innovative approach to research, practice, and life inspires me and I have been transformed by our relationship. I am deeply grateful that our paths have interwoven on this life journey.

I am grateful for many of the strong women mentors whose paths have also interwoven with mine. I appreciate the compassionate support I received from my committee members, Dr. Christina Rinaldi and Dr. Rebecca Gokiart. Both of you fostered strength in me throughout this process, by sharing your own experiences and learnings with me and offering words of

encouragement. I appreciate your insightful comments and feedback throughout, to help pull me out of my bubble and take different perspectives while engaging in the writing process. I am deeply grateful to Will Smallacombe for thoughtfully connecting me with an older woman of mixed ancestry. I have learned much from this woman's guidance and support, opening my eyes to different ways of thinking about and approaching things. I admire her calm and steady strength and deep wisdom. I thank my previous supervisors Dr. Sandy Jung and Dr. Margaret Lumley for inspiring me to do research, to following the paths that were the best for me, and for investing in strong relational approaches to supervision. To Karen Mertins who demonstrated fierce support of me as a practicum student, and who was the first person to introduce me to the possibility of not diagnosing through assessment when it did not align with families' preferences. To Carol Purslow with your gentle guidance infused with humour and kindness, who emphasized the importance of truly seeing a child and communicating that to caregivers through assessment - often outside of the confines of our assessment instruments. To Ann Marie Dewhurst who encouraged me to incorporate my philosophy of assessment into my report writing in a more intentional way. So many influences by these women mentors in my life, who demonstrate grace in their strength, and teaching through relationship from what I saw as a place of love. I care deeply for each of you.

To my family, I am deeply grateful. To my partner, Ray, and my parents for their continual encouragement and support to help me achieve my goals and reach my dreams. I thank my family for helping to shape me into who I am today, for loving, encouraging, and being patient with me on this long scholastic journey. I also thank my friends for commiserating with me and infusing humour into the process, and for offering words of encouragement when they were needed. I wouldn't be who I am or where I am without any of you.

Table of Contents

Abstract	ii
Preface	iii
Dedication	iv
Acknowledgements	v
List of Tables	ix
List of Figures	x
Chapter One: Introduction and Context to this Research	1
Context	4
Positionality	6
Ceremonial Offerings	10
Summary	12
Chapter Two: Literature Review	14
Psychological Assessment	16
Assessment With, For, And Of Indigenous Peoples	27
Promising Practices	30
Conclusion	40
Chapter Three: Methodology	42
Methodology	43
Community Partnerships and Recruitment	44
Qualitative Interviews	47
Knowledge Co-Creators: Youth and Caregiver Engagement	48
Thematic Analysis	51
Chapter Four: Co-Created Knowledge	57
Practicing Assessment as a Good Relative	58
Relationship Above All	60
Understanding and Respecting Context	76
Truly Seeing the Youth	92
Chapter Five: Discussion	117
Practicing Assessment as a Good Relative	119
Practicing Assessment as a Good Relative: Training and Practice Implications	124

Prioritize Relationship in Assessment	127
Prioritize Relationship in Assessment: Training and Practice Implications	132
Understand and Respect Context in Assessment Practice with Indigenous Youth	137
Understand and Respect Context in Assessment: Training and Practice Implications	140
Come to Truly See the Youth in Assessment Practice	146
Come to Truly See the Youth: Training and Practice Implications	155
Conclusion	159
Chapter Six: Final Reflections	1601
Considerations, Limitations, and Future Directions	167
Final Reflections	169
References	173
Appendix A: Recruitment Materials	195
Letter for Youth	1966
Information Letter for Family and Caregivers	199
Assent Form	2022
Consent Form	2066
Video Script	2133
Recruitment Poster	2144
Appendix B: Semi-Structured Interview Guide	2155
Youth Interview Script	2155
Caregiver Interview Script	2166
Appendix C: Thematic Analysis	2177
Appendix D: Knowing about Your Rights in Assessment	2244
Appendix E: Questions You Might Ask to Help Decide if the Psychologist and Their Approach is a Good Fit for You	2266

List of Tables

Table 1.....44

List of Figures

Figure 1	58
Figure 2	61
Figure 3	77
Figure 4	93
Figure 5	120

Chapter One: Introduction and Context to this Research

Psychology is a relatively newer science through which human functioning, including thoughts, emotions, and behaviours, is explored through research and practice. Within this branch of social science, developed from a Euro-Western perspective, psychologists conduct research to better understand human functioning and explore how these understandings can guide practice to support service recipients' wellbeing. In this way, psychology aligns with non-Euro-Western values of promoting wellbeing, growth, and change. At its core, psychology is a helping profession. Many psychologists prioritize research so that they may use the resultant evidence to guide their practice in helpful ways. They are accountable for providing services aligned with local legislated standards which are in place to protect service recipients and the greater public.

Psychological assessment, henceforth referred to as assessment, is a method of inquiry that can be used to learn about youth and guide intervention (Pei et al., 2013). Psychologists are expected to engage in evidence-based, ethical, and standards aligned assessment practice in a way that leads to the most benefit and least harm to youth and their caregivers. However, the practice of assessment has not been without controversy. Some researchers express developmental, cultural, and utility concerns (e.g., Aschieri, 2016; Bornstein & Hopwood, 2017; Matarazzo, 1990). Others express concerns about assessment practice with Indigenous persons and peoples, with the potential for harm in many aspects of the process; for example, when Indigenous persons are given diagnoses based upon a Westernized medical model understanding of mental health that misaligns with Indigenous understandings of mental health (e.g., Aschieri, 2016; Honos-Webb & Leitner, 2001; Macfarlane et al., 2011; O'Keefe et al., 2022; Overmars, 2010).

Gaining a better understanding of youth and caregiver perspectives of assessment is critical given that some researchers identify the potential for harmful practice. Currently, Canadian psychologists have little empirical evidence to guide them in reconciliatory assessment practice with Indigenous youth so as not to perpetuate past harms. Psychologists would benefit from deepened understandings of Indigenous youth's and their caregivers' perspectives of assessment to do this work in a good way aligned with the apology and promise made by the Canadian Psychological Association (CPA, 2018) to prevent further harms from occurring, and further facilitate reconciliatory changes in practice in alignment with the Truth and Reconciliation Commission of Canada's Calls to Action (TRC, 2015).

Despite the concerns, my review of the literature revealed that relatively few explorations of youth¹ and caregiver experiences of the assessment process and perceptions of its purpose and impacts exist (e.g., Pei et al., 2013; Tharinger et al., 2012). I was only able to locate one research article exploring caregivers of Indigenous youth's thoughts about assessment (Ball, 2021) and no research exploring Indigenous youth's experiences of or perceptions of assessment and its purpose, process, and impacts. This is problematic because psychologists are missing critical information to guide their tripartite evidence-based practice which is to be based upon empirical evidence, clinical judgement, *and* the preferences and knowledge of those with whom they work (American Psychological Association [APA], 2006).

In this research, I responded to these concerns and gaps in the empirical literature by co-creating knowledge through qualitative interviews with eight Indigenous youths and ten caregivers of Indigenous youths about their experiences of and preferences in assessment. The

¹ The term youths is used throughout to denote children, adolescents, and young adults of any gender up to age 24 years. I use the term youth when I refer to the collective and youths when referring to a countable number of young people

overarching and broad research question that guided this research was, ‘What are the assessment experiences of Indigenous youths and their caregivers?’ In this research, I operated from a constructivist community-engaged qualitative framework that facilitated knowledge co-creation through interviews (Ball & Janyst, 2008). I was guided by Indigenous methodologies, which align with a constructivist approach (Wilson, 2008), and my exploration of the co-created knowledge was guided by thematic analysis (Braun & Clarke, 2006).

This dissertation is organized into six chapters. To situate the relevancy and justification for my research approach, I first introduce the literature on assessment, the controversies surrounding assessment, assessment practice with Indigenous peoples, and promising practices (Chapter Two). I then explore the methodology and research process (Chapter Three). In the fourth chapter, I present the knowledge I co-created with youths and caregivers in this research. I explore how relational practice is foundational to good assessment practice that helps our relatives. To do this work in a good way, youths and caregivers shared how psychologists must pay careful attention to their approach and factors within the assessment process and understand and respect context to come to truly see the youth. In the fifth chapter, I discuss our co-created knowledge in connection to existing literature, ultimately providing implications and a framework for assessment practice. In the sixth and concluding chapter, I discuss considerations, limitations, future research, and reflect on this research process.

This research provides critical evidence from Indigenous youths’ and caregivers of Indigenous youths’ perspectives to add to the empirical literature base; thus, contributing knowledge in response to parts one (i.e., empirical research) and three (i.e., service recipient preferences) of the tripartite evidence-based guidelines (APA, 2006). This research contributes evidence that psychologists can use to guide reconciliatory efforts in their assessment practice.

This research also contributes evidence that can be used by Indigenous youth and their caregivers as they make decisions about assessment, including the fit of the psychologist and their approach. Below, I provide context for this research and dissertation to situate readers in the epoch within which it occurred, my positionality, and the traditional teachings I followed as part of this work.

Context

This knowledge was co-created during the COVID-19 pandemic. Youths and caregivers shared how they had lost loved ones and community members due to the virus and other extenuating factors surrounding the pandemic. Due to pandemic restrictions, this research process looked very different than I had envisioned. I was unable to engage with the communities in the way I planned, as restrictions prohibited me from engaging in many in-person meetings. Once restrictions eased, I still experienced fears about going into communities as I did not want to risk transmission of the virus to Elders or others in communities. Around restrictions, I consulted with community members about safety and their wishes regarding in-person meetings. In some instances, we met outside, virtually, or by phone.

During the span of this research, the unmarked graves of over 2000 Indigenous youth who died at residential schools were uncovered (Xue Luo, February 24, 2024). In 2019, the Anglican Church responded to the National Inquiry into Missing and Murdered Indigenous Women and Girls report, explicitly noting their “complicity” in “systemic racism” and “abuse,” and committing to rid their church of “racism.” In 2022, the pope visited Canada to apologize on behalf of the Catholic church for the atrocious treatment of Indigenous youth in forced residential school placements, leading to the deaths of so many youths, and the resulting trauma that continues to impact Indigenous families, communities, and nations. Prime minister Justin

Trudeau followed the pope's apology with an acknowledgement of the "failure" on the Canadian government's part in "creating, maintaining, and operating the residential school system," noting the need for the government to commit to reconciliation moving forward. People young and old were dying from the COVID-19 virus. We were isolated from our extended families, friends, and community connections. Many lives were lost, particularly amongst youth, to death by suicide and drug overdose. People were feeling so many conflicting emotions. Many were mourning, angry, sad, scared, and lonely, and the older generations were deeply worried about the impacts on the youth.

Youths, caregivers, communities, and I were impacted in different ways by the news of the unmarked graves, the apologies, and the isolation, fear, and loss that came with the pandemic. At times, I felt guilty about asking youths and caregivers to engage with me in this research in context of the fear, worry, and grief surrounding all that was happening. I sought guidance around this, through discussions with youths and caregivers, from my supervisory committee, and from community members and Elders. Hearing youths' and caregivers' passion in speaking about assessment helped me move forward. The guidance offered by my partners and mentors about the importance of this work and of having trust that it would come together as it should gave me strength to persist in a way that was respectful of all that was happening.

Notably, as part of the informed consent process, we discussed the research process, delineating how this included interview conversations, which differed from counselling. People were emotional in community and private discussions when sharing their perspectives and telling their stories because of what was happening in the world and within their communities, families, and own lives. There was laughter and tears. The importance of relationship in all aspects of this research was paramount – had I sent out a questionnaire, or failed to relationally engage with

youths, caregivers, and community members, the co-created knowledge would have looked very different. In the end, as are so many things, there could be no hard delineation between my research and clinical perspectives. Although formal counselling did not occur, my humanity and my clinical training entered the process. This aligns with a constructivist lens, through which there is no objective compartmentalization of pieces of myself. Allowing this fluidity strengthened our connections and helped deepen trust in our relationships. Within these trusting relationships, deep and powerful knowledge was co-created.

Positionality

I was guided by constructivism and used a community-engaged, qualitative framework, as it is well-suited to research with Indigenous peoples and communities. It is well-suited because it centred upon working *with* Indigenous persons and peoples, prioritizing collaboration, relationship, reciprocity, and community, and providing space for storytelling within relationship (Drawson et al., 2017; Gokiert et al., 2017; Koster et al., 2012). I was guided by key elements of Indigenous methods, in that I centred this research in relationship and understood that these relationships and my accountability to them were a central component of the ceremonial co-creation of knowledge through storytelling (Drawson et al., 2017; Wilson, 2008). In that this research project came to be because of expressed concerns and needs of communities and their members and was commenced in ceremonial offerings and moved forward with a focus on addressing their concerns (Wilson, 2008). Thus, this research could be understood as a Two Eyed Seeing approach, incorporating both Indigenous and Western ways of knowing (Bartlett et al., 2012; Hall, 2015). These methodological guiding lights also align with a constructivist approach. I conceptualized the entire process of this research as something that was done in relationship and the knowledge as co-created between the youths, caregivers, and myself (Ball,

2008; Wilson, 2008). From these perspectives, I situate myself not as a discoverer of some truth, but as a storyteller and co-creator of knowledge who influenced and was changed by this relational process. From this understanding, I describe the youths and caregivers as knowledge co-creators, and the section describing the results of analysis as co-created knowledge (Mills et al. 2006; Ponterotto, 2010).

As I was also guided by Indigenous methodologies, I took a wholistic approach to the knowledge co-creation process. This occurred simultaneously and at intervals as I explored the co-created knowledge. I looked for overarching wholistic themes to youths' and caregivers' stories, ensuring to retain the wholistic messaging of youths' and caregivers' stories (Wilson, 2008). I also engaged in this research with an action-based social justice orientation (Fassinger & Morrow, 2013; Mills et al., 2006); my goal was to co-create knowledge that would be of value and use to the youths, caregivers, and communities with whom I worked.

In my introductions to community partners, youths, and caregivers I discussed my background and positionality. I explore those at the outset to situate my self as a co-creator of this knowledge. I am a woman of Blackfoot, French, and Swedish descent. I was raised in rural British Columbia. I did not receive Indigenous cultural teachings as a youth, only having the honour of receiving cultural teachings and guidance in my adult years. These teachings and engagement in ceremony and with youth, caregivers, Elders, Knowledge Keepers, and communities have profoundly impacted and guided me on my journey as a researcher, as an academic, as a psychologist in training, as an Indigenous woman, and as a human. I am grateful for the welcoming and guidance I received from these people and their communities. I have been humbled by these relationships and the teachings that occurred therein. They have guided me to engage in much of what I do from a place of love, connection, and honouring of my relatives.

I acknowledge the privilege I have experienced in this life. I have never had to worry about having a place to live or food to eat. I have had the support of loved ones throughout my life journey. I have the privilege of being a post-secondary student, studying in the provinces known as Alberta and Ontario. On my life journey, I have worked in group homes, outpatient forensic services, school districts, private clinics, community outreach organizations, and in communities. I am both a practitioner and a researcher. At the beginning of my academic career, I was heavily guided by instruction that was more positivistic and quantitative in nature. Over time and with diverse mentorship and individual and community experiences, my influences leaned more heavily into qualitative and constructivist spaces.

From personal, work, and research interactions, I understand that the way things have historically been done has led to harms. I have also seen innovation in and benefits from practice. I have experience with assessment at both ends of the spectrum. I have seen youths and their supports benefit greatly from assessment. I have seen assessment reports full of language that would be harmful to youth and/or their families. I have also met those who dislike psychologists and their work all together, and for what I see as good reason.

I have had deeply unsettling experiences prior to commencing this research, catalyzing questions which ultimately led me to this research. In one interaction I will never forget, an Indigenous mother shared with me how she experienced assessment as a form of violence. This woman spoke so passionately about her experience. I felt it emotionally, physically, cognitively, and spiritually. I thought, "What is happening here? How can my chosen caring profession be causing such harm?" That story did not occur in isolation, I have seen and heard many. I have seen language in negatively deterministic assessment reports; for instance, saying a young Indigenous man had no strengths or resiliency, diagnosing a much too young Indigenous teen

with psychopathy, and another referring to a youth as being “bound to be another statistic.” I could not believe that practice was happening in this way and that very few people were talking about it in my training. I know that assessment can cause harm, and I also believe that assessment can be done in a good way.

The catalyst for this research didn't only stem from negative experiences. I have also had some amazingly beautiful and powerful assessment experiences – where the experiences made a lasting impact on young people's and families' lives. I have received inspiring guidance and feedback from youths, adults, and mentors in practice, research, and life generally. Many of the most influential mentors in my life have been strong women who think outside of the box, who stand up to injustices, who have hopeful outlooks for change, who do things from a place of love, and who have a strong social justice orientation. With this mentorship, I continued to come into my own and flourish. In so many experiences and teachings, the importance of immersive relational research and practice surfaced. This shift was huge for me as in so much of my post-secondary education I was taught the need to take a distanced approach in the name of objectivity. I am biased in that I think relationship plays a huge part in the outcomes of many processes, and I don't think a one-size fits all approach is best.

At this point on the path, I continue to be a constant learner. At times I have been deeply unsettled by the understanding that the more I know, the more I understand how much I do not know. Through this process of learning, my thoughts about humility have changed. Earlier in my life, my understandings of humility centred upon refraining from bragging. I have come to more deeply understand that humility requires a commitment to the discomfort that comes with not knowing and knowing we can never know all. If I come to in any way start feeling that way, it is a sign that I need to engage in reflection and seek guidance. These learnings have at times been

difficult for me, particularly within the context of this research, as I questioned my training, my beliefs, my practice, and the certainty of so much of what I thought I knew.

I would describe myself as a strengths- and systems-based, developmental scientist-practitioner who values collaborative practice within a social justice framework. The social justice influence can sometimes take a strong hold. I have been told that I have a warrior spirit and at times I need to keep these leanings in check so I “rock the boat, not sink the boat” as my supervisor, Jacquie Pei, would say. My mentors have taught me the importance of having a strong circle of support, of people whose beliefs and experiences align and differ from mine, to infuse balance into my understandings and engagement and to foster further opportunities for continual growth. That said, I have learned that I need to carefully consider the values of those with whom I surround myself.

I position myself in this research to allow the reader to contextualize the process and consider my influence on it. Although I do not believe that my positionality unduly impacted the knowledge co-created in this research, my experiences, values, thoughts, emotions, and spirit are infused in all parts of this research, from inception to knowledge co-creation and its storytelling. I by no means bring an objective and detached viewpoint into this process, and neither my methodology nor my method required me to do so. I received guidance and engaged in ceremony to help me navigate experiences and reactions related to these facets of my being. In the end, I believe the in-depth exploration of youths’ and caregivers’ experiences shared below tell the story of the knowledge co-created in this process. I leave that for you, the reader, to decide.

Ceremonial Offerings

This section has been included at the request of an Elder. Here I explore the meaning and importance of asking about ceremonial offerings. Asking about ceremonial offerings is important

as not all people follow traditional practices. If the person follows traditional practices and welcomes an offering, a further question about the preferred nature of the offering allows the person space to indicate what offering and process would be most appropriate for them. For example, tobacco, sage, or other medicine, a box of matches, providing a moment of silence, and/or inviting prayer. Questions about ceremonial offerings are put forth when you are asking something of an Elder or individual; for instance, to share their knowledge. I asked about and made ceremonial offerings as I was able in this research and as youths and caregivers were open to it. I explained the teachings I received about ceremonial offerings and asked if youths and caregivers would like me to make an offering. I consulted with youths and caregivers, as well as Elders and Knowledge Keepers about physical offerings amidst pandemic restrictions. I was taught that physical offerings would be held by me and given to the recipient after I had stated my intentions, offered prayer, and asked my question. I was open to youths' and caregivers' requests regarding ceremonial offerings. In this research there were times when I made a physical offering in-person, and at other times I offered it virtually and lit or held it while talking as requested by youths or caregivers. During my ceremonial offerings, I prayed to ask for guidance in our work together, verbalized my intentions and my hopes, and I asked for them to join with me in this work. Their acceptance was another layer of the consent process, for some with great significance. I was taught that ceremonial offerings are the good and respectful way of asking for something from someone who follows traditional ways. When you ask for something and state your intentions in ceremony, you are making a promise not only to the other person but to the Creator. You must hold this promise sacred and ensure these intentions guide your way. During virtual interviews, the offerings remained in my possession. In these circumstances, I

asked youths and caregivers to provide instruction on how they would like me to handle the physical offerings at the end of our time together.

Several caregivers and youths expressed appreciation that I made ceremonial offerings. Two youths responded very positively, with one noting that it was the first time they had been offered tobacco and that it felt “special.” Another youth shared that they appreciated the ceremonial approach I took and the offering I made during the interview process. They felt I respected Indigenous ways of relating. This youth commented that they felt “many people say they are going to act this way, but they don’t.” They said this was the first time they had felt that a professional had engaged with them in this way and thanked me for that. Some youths and caregivers declined ceremonial offerings. One youth explained their reason for declining as a part of their choice to distance themselves from their culture based on their past experiences. Some youths and caregivers did not provide a reason. In all instances, I respected their decisions.

Summary

To summarize and lead the reader into the chapters to come, my goal in this research was to explore the experiences of Indigenous youth and caregivers of Indigenous youth in a culturally safe and respectful way. The knowledge we co-created can contribute to a change by providing Indigenous youth and caregivers with information that they can use to make decisions about the fit and quality of an assessment for them and their families. It also will contribute to the empirical knowledge so that psychologists can infuse this evidence into their practice and continue to make reconciliatory change. Knowledge and understanding of Indigenous cultures, histories, and lived and living experiences can guide psychologists to engage in more culturally safe practice, recognizing the potential impacts of colonization and historical trauma that affects the lives of Indigenous youth today. Practicing assessment in a collaborative and culturally safe

way helps to ensure Indigenous youth receive the support they need. To this end, Indigenous youth and their caregivers must be active participants in the assessment process, shaping the approach and goals based on their unique needs and preferences. By prioritizing these principles, assessment work can move towards a more strengths-based, trauma-informed, and culturally responsive and safe approach that empowers Indigenous youth on a hopeful path forward.

Chapter Two: Literature Review

Bridging the Methodological Imbalance in Psychological Assessment Research: The Need for Indigenous Youth and Families to Guide Tripartite Evidence-Based Assessment Practice

“No matter how helpful a clinical tool it may be, a psychological test cannot do its own thinking. What it accomplishes depends upon the thinking that guides its application” (Schafer, 1954, p. xi).

Controversy has surrounded psychological assessment and diagnostic practices since their inception due to, among others, cultural, developmental, and utility concerns (e.g., Ansloos et al., 2019; Aschieri, 2016; Bornstein & Hopwood, 2017; Matarazzo, 1990). Despite the longstanding controversy, little empirical evidence exists regarding youth’s and their caregivers’ formal psychological assessment experiences in general, and Indigenous youth’s and their caregivers’ experiences in particular (e.g., Ball, 2021; Pei et al., 2013; Tharinger et al., 2012).

This is problematic because the American Psychological Association (APA, 2006) advises psychologists to engage in tripartite evidence-based practice, which is based upon empirical evidence, clinical judgement, and the voices, preferences, cultures, and knowledge types of the individuals with whom they work. This form of practice is advised to guide psychologists to work in a way that leads to greatest benefit and the least probability of harm to service recipients.

The Canadian Psychological Association has promised on behalf of Canadian psychologists to move practice forward in a better way with Indigenous peoples (CPA, 2018), in a way that aligns with the Calls to Action made by the Truth and Reconciliation Commission of Canada (TRC, 2015). However, psychologists have relatively limited evidence to guide their assessment techniques, approaches, and processes with Indigenous youth and their families

(Schroeder et al., 2023). This is particularly concerning given criticisms about the suitability of Western psychological Assessment practice with Indigenous peoples (Ansloos et al., 2019; Aschieri, 2016; Fellner et al., 2020; Honos-Webb & Leitner, 2001; Macfarlane et al., 2011; Overmars, 2010). Beyond research examining the use of specific assessment tools with Indigenous youth (e.g., Mohatt et al., 2011) and the introduction of alternative assessment guidelines and frameworks (e.g., Brendtro, 2009), researchers are lacking critical process, and Indigenous-led and -focused youth and family-based assessment evidence to guide them in truly tripartite evidence-based assessment with Indigenous youth and their caregivers.

Below, I highlight the current state of assessment research and practice, and explore challenges, gaps, strengths, and considerations for the future. I do so with the intention of providing a shared understanding that may guide potential ways forward. I examine various perspectives to unpack and better understand when and where benefits and harms may occur with youth and their caregivers, and the steps we may collectively take as a profession to do assessment work in a good way – particularly with Indigenous youth and families. I explore psychological assessment, and the controversy surrounding assessment including broad ethical, standard-based, training, and cultural considerations. I further unpack the assessment process by delving into the purpose of assessment, considerations around feedback and report writing, and assessment and report utility. I then discuss assessment with, for, and of Indigenous peoples, with considerations of the assessment process and assessment research. From there, I introduce promising practices including strengths-based, therapeutic, transdiagnostic or dimensional, and Indigenous-led assessment initiatives. I conclude with a call for forward movement in assessment research and practice so that psychologists can better meet the needs of Indigenous youth and their caregivers.

Psychological Assessment

Psychology is the science of human functioning including thoughts, emotions, and behaviours. Within this branch of science, psychologists use assessment to explore and describe human functioning. Assessment was introduced to the land known as Canada by settlers – a formal Western practice using tools and approaches created by non-Indigenous peoples (Mushquash & Bova, 2007). Assessment is one impactful process and event that may occur in youth's and their families' lives. Importantly, researchers differentiate between the concepts of discrete testing and assessment, the latter of which is delineated as a comprehensive and integrative investigative process, which occurs within statutorily delineated practice guidelines (Bornstein, 2017; Matarazzo, 1990). Assessment is also broadly defined as both a process and a product (Cowger, 1994).

In this review I focus broadly on formal assessment, which includes exploration of youth's cognitive, achievement, behavioural, personality, and/or mental health functioning. The formal assessment process (College of Alberta Psychologists [CAP], 2019) involves the clinical interview, the choice and use of standardized tests, case formulation, report writing, and the provision of feedback; all components occur within the working alliance developed between the assessor and the assessed to inform action and understanding about that person's functioning (CAP, 2019; Johnston & Murray, 2003; Mash & Hunsley, 2005; Wright, 2011). The assessment report and feedback are the products of the assessment (Wright, 2011).

Purpose of Assessment

Assessment in and of itself is a purposive and political practice (Cowger, 1994; Maddux, 2008). Whether assessors are aware of it or not, they act from a place of value, attitude, and knowledge, which impacts all assessment processes and products (Groth-Marnat, 2009; Mercer,

2011). An assessor may orient the process towards accuracy in diagnosis, identification of the best treatment, instilling hope, identification of and capitalization upon strengths, and/or setting the stage for change (Climie & Hensley, 2016; Groth-Marnat, 2009; Johnston & Murray, 2003; Maddux, 2008). Although some of these purposes may overlap in function, Groth-Marnat (2009) cautions that practice from each will differentially impact the assessment process and outcomes. Variations in the operationalization and perceived purpose of assessment exist. For instance, school psychologists' diagnostic assessments often focus on the learning process and influences on academic success (APA, 2019b) whereas clinical psychologists often assess for more severe psychopathology (APA, 2019a).

Diagnostic assessment aligns strongly with a deficit-based medical model (Maddux, 2008). From a medical perspective of psychopathology, psychologists assess with the purpose of diagnosis, which is meant to guide evidence-based treatment (Maddux, 2008). Others use assessment more generally to help individuals better understand themselves and their strengths (Tedeschi & Kilmer, 2005). Although some psychologists favour and support dimensional or transdiagnostic approaches to assessment (e.g., Dalglish et al., 2020), most commonly in Canada, psychologists are trained to assess youth according to diagnostic criteria within the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR; American Psychiatric Association, 2022)*.

Some describe the medical model and the underlying evidence base of clinical psychology as atheoretical or, conversely, as theoretically situated within a behaviourally oriented, individualistic, and Eurocentric worldview of functioning and deficit, which does not always fit with diverse ontological and epistemological viewpoints (Aschieri, 2016; Honos-Webb & Leitner, 2001; O'Keefe et al., 2022; Overmars, 2010; Warrior's Path Task Force, 2020).

For example, wholistic and strengths-based Indigenous conceptualizations of mental health and well-being, centred in interconnectedness (O’Keefe et al., 2022). Thus, this approach may not meet the needs of all those who are assessed (Maddux, 2008; Overmars, 2010). Some suggest that an agreed upon purpose and a strong working alliance may be critical factors in assessment, particularly in relation to feedback (Perkins et al., 2018; Wright, 2011).

Feedback And Reports

The assessment process typically culminates in the provision of a report and feedback. Most commentaries and research examining the process of assessment and diagnosis centre here. One example of such research is Perkins and colleagues’ (2018) thematic synthesis of adult service users’, clinicians’, and carers’ perspectives on the diagnostic experience. Participants’ perceptions of the experience centred upon considerations of time, diagnostic fit, style of information provision, functional value of the diagnosis, stigma, service users’ previous experiences and understanding of the diagnosis, availability of ongoing support, and relationships. I was unable to find a similar article on youth’s experiences although some research delves into caregiver responses to feedback and diagnosis. For instance, Klein and colleagues (2011) found wide variance amongst and evolving responses from caregivers regarding diagnosis. Some experienced it as traumatic and others relieving. Some caregivers shared that they were provided with hopeful future-oriented recommendations, and others felt little was shared beyond diagnostic information.

Ball (2021) also observed differences in experience in discussions with early childhood educators and Indigenous parents, community leaders, and Elders about their perceptions of assessment. “When it is done in a good way,” Ball found that parents were in favour of standardized assessment (p. 7). However, assessment was not always done in a good way. For

instance, assessments being done without parents' knowledge, in violation of ethics and standards around informed consent, and without giving parents any feedback following the assessment. One parent shared how inappropriate this was because the psychologist was a stranger, and the parent did not have the opportunity to explain what was happening to the child. Elders shared how they were not so keen on standardized assessment, particularly when it was deficit focused. They indicated preference for wholistic assessment, which also explored the child's culture and their gifts.

Several authors discuss the impact of language in assessment feedback and reports, suggesting maximal benefits to those assessed and their caregivers when language is accessible, contextualized, hope-focused, strength-based, and geared toward intervention and success (Cheramie et al., 2007; Gibbings & Knauss, 2015; Honos-Webb & Leitner, 2001; Klein et al., 2011; Pei et al., 2013; Perkins et al., 2018). Such language facilitates youth's and caregivers' understanding of and follow-through on recommendations (Gibbings & Knauss, 2015; Klein et al., 2011), making the assessment useful.

Assessment And Report Utility

Practitioners perceive that one of the purposes and benefits of assessment is to provide services and products which are useful to youth and their caregivers. However, researchers note that thousands of studies have been published surrounding evidence for the reliability and validity of assessment tools (Hunsley & Mash, 2007) with "relative neglect to the broader context" (Hayes et al., 1987, p. 964) in which assessment occurs and little evidence of improved outcomes for those assessed (Hunsley & Mash, 2007). That is not to say that research on the tools is not needed – it is. For instance, many scholars have pointed out the importance of psychometric evidence, norms, and validity considerations (e.g., Aschieri, 2016; Dingwall &

Cairney, 2010; Gokiert et al., 2014; Hill et al., 2010; Honos-Webb & Leitner, 2001; Mushquash & Bova, 2007; Overmars, 2010; Schroeder et al., 2023; Sheldon, 2001; Snowshoe et al., 2017; Tremblay et al., 2013). However, Youngstrum (2013) notes that although psychologists may use tools with evidence of reliability and validity, it does not then follow that the assessment and the subsequent report are of use to the assessed nor that improved functional outcomes will be observed.

The assessment process, in addition to the tools used within, merits empirical investigation (Hunsley & Mash, 2007). Such a heavy focus on the psychometric properties of tests aligns with a positivist medical model approach to assessment research, wherein the classification and identification of symptoms is of primary focus (Hunsley & Mash, 2007). This focus may be based upon a presupposition that with the right tools, psychologists will get to where they need to go and that other, perhaps relational, factors have limited implications for the use, value, or impact of the assessment. This is a curious situation given that all psychologists operate with diverse attitudes, biases, and levels of awareness, and that psychologist characteristics and practices are associated with the development of the working alliance (Ackerman & Hilsenroth, 2003; Fuji, 2018; Horvath et al., 2011; King & Fletcher-Janzen, 2000), within which assessment occurs.

Since at least the 1950s calls for exploration of the utility of assessment abound (Hayes et al., 1987) with a more recent push toward developing a state of tripartite evidence-based assessment practice like that which occurs in the realm of therapy (Hunsley & Mash, 2007). Researchers have been slow to respond to this call. The need for assessment process and utility research cannot be overstated. Authors identify a negative cycle within which psychologists currently sit, resources allocated to assessment services are lessening, reimbursement for

assessment services is lessening and becoming harder to access, and the research supporting the utility of assessment is scant, which may result in further reductions to assessment service and research (Mash & Hunsley, 2005; Youngstrum, 2013). This may in part explain the limited presence of assessment utility research in the empirical literature base. From another perspective, limited research is likely impeding the evolution of assessment practice, resulting in outdated practice, which may relate to reduced demand.

Beyond funding considerations, a comprehensive understanding of youth's and their caregivers' perceptions of the assessment experience and of how they believe it could improve may lead to much needed innovation in assessment practice. Hunsley and Mash (2007) have likened the great strides in therapy research without a similar focus on assessment research to "constructing a magnificent house without bothering to build a solid foundation" (p. 30). As such, psychologists need to prioritize understanding both the tools used within *and* the process of assessment to ensure the longevity of assessment practice and the provision of useful, beneficial, and unharmed services.

Regardless of their theoretical orientation, all psychologists are required to engage in evidence-based and ethical practice with the greatest probability of benefit and least probability of harm to youth and their families. However, due to the potential for harm, psychologists would benefit from deep considerations of divergent perspectives delineating the potential for harms and benefits. I explore broad concerns surrounding assessment below.

Broad Concerns Surrounding Assessment

Researchers cite many benefits to assessment and diagnosis. First and foremost, the inductive approach to classifying variations in behavioural phenomena provided psychologists a common lexicon (Jensen & Hoagwood, 1997). From this common understanding and language,

necessary for the establishment of psychology as a science, researchers could develop and hone assessment tools, and explore the etiology and treatment related to these clusters of behavioural phenomena (Sroufe, 1997). Additionally, a few researchers have found that assessment and diagnosis, particularly when strengths or therapeutically based, may benefit youths and their families by describing and naming their struggles to facilitate understanding and intervention recommendation follow-through (Cheramié et al., 2007; Pei et al., 2013; Perkins et al., 2018; Tharinger et al., 2012). Perkins and colleagues (2018) suggest that a person-centred approach may lead to the most helpful and beneficial assessment outcomes.

Many have also put forward grave concerns about the harmful impacts assessments have had, particularly amongst people of colour and of non-European cultural and non-English linguistic backgrounds. For instance, inaccurate work influenced by “systemic racism” that associated intellectual functioning with colour. This research impacted colonial and eugenic practices (Dauphinais & King, 1992), and continues to harmfully impact youth and their families today. Given that researchers identify the potential for harm, considerations surrounding ethics and standards, training, and culture in assessment merit exploration. I explore these below.

Ethics and Standards

Psychologists engage in research and practice to, amongst other areas of inquiry, improve the functioning of those who seek psychological services. They are guided by an aspirational code of ethics, which has principles of respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and responsibility to society (CPA, 2017). The code of ethics, above all, places primacy on the welfare of individuals and their greater society. Given limited research exploring the assessment process and its relation to potential for positive and negative

outcomes, psychologists would benefit from further evidence to guide them in ethical assessment practice.

In addition to and aligned with ethical guidelines to practice, psychologists operate according to ever evolving jurisdictional standards of practice; for instance, surrounding informed consent (e.g., CAP, 2023). Given the current state of the assessment literature one might argue that psychologists currently have insufficient evidence to fully inform youth and their caregivers of the potential benefits and risks involved in assessment prior to obtaining their consent. A test-focused standard is also in place to ensure that psychologists consider the helpfulness and utility of assessment tools alongside their possible impact for youth and their families (CAP, 2023). Although consideration of the tests used within assessment is important, a strong test-based focus without an understanding of how to engage in evidence-based assessment processes may lead to practice devoid of contextual applicability.

Although the ethical code and standards of practice are in place to protect service recipients, some authors have criticized them for being overly Eurocentric, noting that strict adherence to them may contribute to harmful psychological practice (Pettifor et al., 2014; Pope, 2016). A careful and reflective approach to assessment practice is integral for psychologists given this consideration in context of the gaps in the evidence base. Knowledge about assessment tools is important, and so too is knowledge from the perspectives of youth and their caregivers regarding *how* psychologists are trained in and practice assessment (Pettifor et al., 2014; Pope, 2016).

Assessment Training

Jackson and colleagues (2012) bring this issue to the forefront by differentiating between the functional and foundational competencies psychologists require to engage in responsible

assessment and diagnostic practice. Functional competencies are *what* psychologists do, for example, using tools in assessment. Mihura and colleagues (2017) argue that most graduate level training focuses on functional competencies, a focus that researchers reflect in their empirical investigations of the evidence for reliability and validity of assessment tools. Foundational competencies move beyond *what* psychologists do to a focus on *how* they do it. Jackson and colleagues (2012) include here the psychologist's values, attitudes, and knowledge surrounding, ethics, science, relationships, and reflective practice. Much less is known about how psychologists in-training are taught or develop foundational competencies (Beck et al., 2014; Bornstein & Hopwood, 2017; Iwanicki & Peterson, 2017; Mihura et al., 2017). A similar gap in knowledge exists in the empirical literature, as researchers more rarely explore the foundational or contextual components of assessment practice. At present, psychologists have much information to guide their selection of tools, diagnoses, and recommendations; however, the opposite is true regarding evidence for *how* they should best approach assessment with youth and their families.

Indeed, Hunsley and Mash (2007) noted the peculiar state of assessment wherein there has been relatively little progress in assessment approaches and training. I was unable to locate a more recent exploration of training progress, although Geerlings and colleagues' (2018) identify that a Western bias often dominates students' training experiences. This is reflected in recent work indicating that students can leave psychology training programs feeling ill-prepared to work with Indigenous persons and peoples (Robinson- Zañartu et al., 2023). Shifts are slowly occurring; for instance, calls to broaden upon the Eurocentrically-based training model through Indigenization of Canadian courses and programs, and the need for greater presence of Indigenous persons in academia and the health care professions (Ansloos et al., 2019; Ansloos et

al., 2022; Bourgeault et al., 2019; Day, 2023; Fellner, 2020; Pepler & Martell, 2018; Robinson-Zañartu et al., 2023; Warrior's Path Task Force, 2020).

Greater inclusivity and diversity of persons and perspectives may help psychologists in training to reflect more deeply upon how the understanding and measurement of human functioning developed and occurs within an ever-evolving variety of systems. Exploration of the ontological, epistemological, and cultural viewpoints underlying youth assessment and its ethics may help psychologists to ponder the objectiveness of psychological science and, thus, assessment (Aschieri, 2016; Curtis et al., 2019; Matarazzo, 1990). Such exploration facilitates considerations of how the ethical code, standards of practice, and training models may contribute to the maintenance of current approaches to practice.

Practicing assessment without an understanding of its Western evolutionary underpinnings, and, therefore, its strengths and limitations, could plausibly lead an assessor to engage in culturally unsafe assessment practices that violate their guiding ethical and practice standards (Fuji, 2018; Macfarlane et al., 2011). A greater focus on these considerations, including culturally safe assessment practice guided by diverse perspectives, would be invaluable in training programs, and continuing education and professional development opportunities. I delve into this topic further via a discussion of cultural considerations in assessment.

Cultural Considerations in Assessment

Psychologists benefit from having keen awareness of the historical and cultural contexts within which they practice and using that awareness to inform their assessment process. Assessment and its research are broadly intercultural practices with ever-present interacting dimensions of ethnicity, gender, language, sexual orientation, age, developmental stage, ability and disability, education, spiritual or religious orientation, and socioeconomic class, among

others (Bornstein, 2017; Ponterotto, 2010). Cultural and contextual considerations are important in assessment, as assessors may intentionally or unintentionally engage in biased, ethnocentric, and oppressive assessment practices (Aschieri, 1990; Brendtro et al., 2012; Fellner et al., 2020; Fuji, 2018; Jensen & Hoagwood, 1997; Matarazzo, 1990; Macfarlane et al., 2011; Overmars, 2010). This risk is especially important to note in research and practice with Indigenous peoples in the Canadian context. For instance, some researchers indicate that the use of certain assessment tools or practices may pathologize culture specific ways of knowing and being (Dingwall & Cairney, 2010; Fuji, 2018; Hill et al., 2010; King & Fletcher-Janzen, 2000; O’Keefe et al., 2023; Sheldon, 2001). Others criticize assessment practice wherein psychologists do not approach assessment with Indigenous persons and their supports in a relational way that would allow ethical and contextually, and culturally relevant assessment to occur (Fuji, 2018; Macfarlane et al., 2011).

Few psychologists have presumably acted with malicious intent to harm those who seek assessment services (Jensen & Hoagwood, 1997; Overmars, 2010; Perkins et al., 2018). However, harm may result when a person is diagnosed when this practice does not align with their worldview (Overmars, 2010). Harm may also occur when a psychologist uses a top-down authoritarian expert approach rather than a collaborative, relational, wholistic, and contextualized approach (Brendtro et al., 2006; Brendtro et al., 2012). Psychologists would benefit from deeper understandings of how the process of assessment relates to perceptions of benefit and harm, as assessment is an impactful intercultural and political process occurring within a relation of differential power (Cowger, 1994; Maddux, 2008; Tedeschi & Kilmer, 2005). Acknowledging the necessity for continual investigation and evolution of assessment practice reminds psychologists of their place within a constantly evolving scientific field and, thus, may infuse

more humility into their practice (Curtis et al., 2019; Warrior's Path Task Force, 2022; Wright, 2011).

Excitingly, innovative practices and ideas are being shared in the literature with burgeoning evidence that process factors, such as relationship, *do* matter in the context of assessment. As others have suggested (e.g., Brendtro et al., 2006), a relational assessment approach is likely to be an excellent fit for Indigenous youth and their families.

Assessment With, For, And Of Indigenous Peoples

Assessment is a formal Western practice that was introduced by settlers; in their practice of assessment, psychologists have traditionally used instruments and approaches created by non-Indigenous peoples (Ball, 2021; Mushquash & Bova, 2007). Indigenous peoples are persons of First Nation, Métis, or Inuit ancestry who have diverse languages, histories, ties to land, and cultures. Researchers identify a variety of problems with the practice of assessment with Indigenous peoples. For instance, the ill-fit of assessment measures for some Indigenous communities and peoples (e.g., Dauphinais & King, 1992; Dingwall & Cairney, 2010; Hill et al., 2010; Sheldon, 2001), and reliance on theories and practices, which may not be a good fit for those with divergent ontological and epistemological viewpoints (Aschieri, 2016; Honos-Webb & Leitner, 2001; Overmars, 2010). Many question the fit of a Western, individualistic, and disease-focused model of assessment and diagnosis for some cultural groups (Aschieri, 2016; Sheldon, 2001; Smith, 2016).

Some assessment-related concerns researchers have put forth include the use of instruments that may be inadequately normed for use with Indigenous peoples, and that may not capture aspects of their experience integral to their ways of understanding youth and their functioning (e.g., Aschieri, 2016; Dingwall & Cairney, 2010; Hill et al., 2010; Honos-Webb &

Leitner, 2001; Mushquash & Bova, 2007; Overmars, 2010; Sheldon, 2001; Snowshoe et al., 2017; Tremblay et al., 2013). Various psychological tests meant to assess psychopathology have been identified as biased and may instead pathologize Indigenous ways of knowing and being (e.g., Aschieri, 2016; Ball, 2021; Dauphinais & King, 1992; Dingwall & Cairney, 2010; Fuji, 2018; Hill et al., 2010; Sheldon, 2001; Snowshoe et al., 2017; Tremblay et al., 2013) – a test focused validity problem. Some suggest caution in assessment for this reason, requiring the psychologist to be aware of the culture-bound concepts commonly measured in assessment and to make cross-cultural considerations when interpreting test results (e.g., Mushquash & Bova, 2007).

Some also believe assessment can fail to highlight youth's gifts or elements of culture in relation to youth's wellbeing (e.g., Snowshoe et al., 2017). Ball (2021) cautions that great care is warranted in the use of standardized tests with Indigenous youth. This is because these tests may not capture youth's strengths and gifts, or cultural or contextual elements of youth's experiences, and they may be based upon conceptualizations of youth development that are misaligned with Indigenous world views and values. This can result in unhelpful or even harmful practice, particularly when large numbers of children are diagnosed without consideration of the societal factors influencing their development. Ball states that this form of assessment and diagnosis inaccurately seems to indicate that problems reside within the child rather than the systems within which the child develops. This approach has been criticized for labeling youth as deficient rather than different, and of ignoring the context within which testing and assessment was created and has been implemented (Dauphinais & King, 1992; Fuji, 2018). Racial biases can impact assessment and diagnostic practices (APA, 2013), historically resulting in an inordinate

number of children being identified as learning or otherwise disabled based on their cultural backgrounds (Dauphinais & King, 1992).

Others criticize the positivistic epistemology underlying the categorical diagnostic system wherein disorder and disability are viewed as relatively concrete and generalizable constructs (Honos-Webb & Leitner, 2000; Overmars, 2010). For instance, Lovern and Locust (2013) discuss how wellness and unwellness are associated with balance and imbalance in many Indigenous cultures, and they emphasize that most Indigenous peoples had no words for disability prior to European contact. A medical model approach to diagnosis may circumvent a wholistic and contextualized understanding of the individual with all of their strengths and difficulties (Crowe-Salazar, 2007; Maddux, 2008; O’Keefe et al., 2022; Overmars, 2010). This perhaps reflects systems considerations wherein assessment is often used to classify, predict risk, and guide decision making in health, education, corrections, and guardianship contexts (Ball, 2021; McKenzie et al., 2016; Nagy, 2000).

Much guiding assessment practice is centred in meeting system needs before human needs. In other words, prioritizing serving the system rather than the person; this has led some to voice tensions surrounding whose needs are being met through assessment (Heilbrun, 1992; Johnson, 2007). Overmars (2010) deeply considers risks and benefits of assessment and diagnosis, ultimately cautioning against diagnosis when working with Indigenous peoples. Overmars states that the diagnostic naming process is Eurocentric, may lead to self-fulfilling prophecies, and may be especially contraindicated when working with already marginalized peoples. Engaging youth and caregivers to explore promising practices may be a good pace to start.

Promising Practices

Outside of the historical approach to assessment, researchers have put forth promising practices, which may be a good fit for Indigenous youth and their caregivers. Some espouse the benefits of strengths-based and therapeutic assessment (Cheramie et al., 2007; Pei et al., 2013; Perkins et al., 2018; Tharinger et al., 2012), while others suggest process factors, including collaborative and relational practice, are particularly important when working with Indigenous youth and their families (Brendtro, 2006; CPA, 2018; Crowe-Salazar, 2007; Maddux, 2008; Macfarlane et al., 2011; Overmars, 2010). Strengths-based and collaborative relational assessment approaches are centred upon creating a necessary and foundational strong alliance with Indigenous youth who may distrust adults generally and the psychologist specifically (Brendtro et al., 2006).

Amidst criticisms surrounding the evolution of assessment training and practice (Hunsley & Mash, 2007), researchers and practitioners have introduced some innovative and relationally focused practices and ideas. Some of these approaches shift traditional deficit-based assessment practice toward a more balanced, wholistic, and hopeful view of functioning (e.g., Climie & Henley, 2016; Saleeby, 1996), and demystify the assessment process through collaborative, relational, and immersive practice (e.g., Tharinger et al., 2012). Indigenous-led approaches are also identified, with a more wholistic approach to the assessment process. Next, I explore emerging practices that align with this wholistic approach, considering how they may inform larger practice evolutions.

Transdiagnostic Or Dimensional Approaches to Assessment

There are proponents for moving away from a diagnostic approach toward more dimensional and person-centred research, assessment, and treatment approaches (Boulton et al.,

2021; Fisher & Boswell, 2016; Nolen-Hoeksema & Watkins, 2011). The transdiagnostic movement occurred in response to the great comorbidity encountered within taxonomical systems of classification, the questioning of diagnoses as definitive constructs, and the need for treatment to be adapted and tailored to specific functional rather than diagnostic needs of the individual. Researchers posit that this approach may better meet the needs of youth and their families by expanding beyond disorder-specific foci (e.g., physical health, needs of family members supporting the youth; Boulton et al., 2021; Bullis et al., 2019; Fisher & Boswell, 2008).

Such an approach considers functioning more wholistically within overarching domains (e.g., internalizing symptoms) and includes social and functional factors in addition to symptomatology. As this approach does not emphasize diagnosis, it may be a better fit for Indigenous youth and their caregivers whose beliefs and values do not align with historical diagnostic assessment practice. Instead, this approach may allow greater opportunity for wholistic understandings of the youth's functioning in context, using functional descriptions rather than diagnostic labels. Although there have been calls to move toward transdiagnostic assessment, researchers and practitioners are continuing to examine ways to apply such an approach more rigorously and consistently (e.g., Boulton et al., 2021; Stanton et al., 2020). Another promising approach is strength-based assessment, which could be used in- or outside of a transdiagnostic approach.

Strengths-Based Assessment

Strengths-based assessment is an epistemological paradigm shift wherein practitioners focus not only on youth's difficulties, an individualized medical perspective, but on their whole functioning in context, a more social constructivist and humanistic perspective (Brendtro et al., 2012; Cox, 2006; Joseph & Linley, 2006; Maddux, 2008). The strengths-based movement aligns

with Indigenous ways of understanding wellness and balance and with a positive psychology paradigm, which moves beyond human malady, disorder, and deficit-focused assessment to provide a more wholistic and hopeful view of the individual.

This approach is based on the premise that everyone has strengths that can be measured along a continuum and that are valued in nearly all cultures (Park et al., 2004; Weick et al., 1989). All individuals are thought to possess relative strengths; thus, capitalizing on these strengths can benefit both those who are struggling and those who are thriving (Brownlee et al., 2013; Rawana & Brownlee, 2009; Resiliency Initiatives, 2011; Whitley et al., 2010). Furthermore, individuals can benefit from their strengths across settings and time – they are not context specific (Whitley et al., 2010). This orientation is contrasted with what Albee (2000) once described as the “fatal flaw” of psychologists’ “uncritical acceptance” (p. 247) of the medical and deficit approach, which some researchers believe is developmentally inappropriate for use with youth in general (Climie & Henley, 2016; Maddux, 2006) and with Indigenous youth specifically.

Through respectful strengths-based practice, researchers posit that psychologists can truly engage in relational practice that empowers and motivates youth and their families towards change and wellbeing (Climie & Henley, 2016; Cox, 2006; Klein et al., 2011; Maddux, 2008; Tedeschi & Kilmer, 2005; Youngstrum, 2013). A strengths-based, positive psychology approach aligns with beliefs around seeing and celebrating youths’ gifts rather than focusing on deficits (Morse et al., 2016). Maddux (2008) suggests that such strengths-based practice is likely more useful to youth, families, and psychologists.

Pei and colleagues’ (2013) exploration of professionals’ and caregivers’ perceptions of youth’s assessment reports lends support to the argument for the utility of strengths-based

assessment. Professionals and caregivers believed that assessment had the greatest value and was most useful when conducted from a collaborative stance and had the greatest impact when written from a wholistic understanding of the youth's strengths and difficulties. Explorations of perceptions of the products of the assessment process move psychologists closer toward understanding its risks and benefits. As Pei and colleagues indicated, assessment may be conceptualized as the initiation of intervention because it facilitates shifts in understandings of youth functioning and sets the stage for change. Indeed, other innovative thinkers such as Finn (2007) have gone so far as to introduce therapeutic assessment, a relational approach that is purposively meant as an intervention.

Therapeutic Assessment

Finn (2007) devised therapeutic assessment (TA) in reaction to what he saw as a missed opportunity in assessment as it was historically practiced (Tharinger et al., 2012). The reconceptualization of assessment as intervention, embraces the opportunity to utilize the working alliance, or relationship, established within the assessment milieu (Weston et al., 2018). As such, TA incorporates aspects of traditional assessment with evidence-based aspects of psychotherapy (Butcher & Hooley, 2018; Smith, 2016). The key components of the TA model include relationship building, information gathering, and intervening in support of that working relationship to make change; only after the intervention is the assessment summarized in writing (Tharinger et al., 2012). TA has been investigated for its use with adults, and more recently was adapted for use with children (Tharinger et al., 2012).

In this approach caregivers are extensively involved in the assessment process as collaborators with the goal of demystifying the assessment process and providing the opportunity for intervention (Mercer, 2011; Tharinger et al., 2012). Proponents of TA encourage further

implementation and investigation of TA based upon its potential for positively impactful, useful, and engaging assessment experiences (Tharinger et al., 2012). Investigators of TA indicate that parents find it a good use of their time and that they are greatly impacted by the opportunity to observe their child throughout the assessment (Tharinger et al., 2012). Furthermore, in this approach Tharinger and colleagues incorporated evaluation of relational factors and outcomes into the assessment process – a step leading towards better understandings of youth's and caregivers experiences of and preferences in assessment. Such an engaged, collaborative, and relational approach to assessment may better meet the needs of Indigenous youth and their caregivers than historical approaches to assessment.

Indigenous Guidelines for and Models of Assessment

Some researchers have established ecological and Indigenous guidelines and models for assessment, some for use with youth (e.g., Brendtro, 2009; Brendtro et al., 2006; Freado & Van Bockern, 2010; Macfarlane et al., 2011; Okamoto et al., 2006; Pitama et al., 2007). Further initiatives include tools created or adapted for use with various Indigenous peoples (e.g., Ansloos et al., 2022; Evidence Exchange Network, 2014; Glauser, 2020; Snowshoe et al., 2017; Thunderbird Partnership Foundation, 2015), including a measure of cultural connectedness (Snowshoe et al., 2016), and guidelines or frameworks for assessment in bicultural settings (Fuji, 2018; King & Fletcher-Janzen, 2000; Macfarlane et al., 2011).

Others explore how cultural considerations are key to the establishment of a respectful, comfortable, and safe working relationship – without which the validity, usefulness, and ethics of an assessment with an Indigenous youth could be questioned (Fuji, 2018; King & Fletcher-Janzen, 2000; Macfarlane et al., 2011). For instance, Macfarlane and colleagues (2011) put forth a framework for assessment in bi-cultural settings. They emphasize the need to blend cultural

and psychological knowledge in the assessment process. This includes reflexive practice and learning more about the service recipient's worldview so psychologists can incorporate understandings of both into the assessment process. They suggest that evidence-based assessment practice includes a) cultural knowledge about the service recipient's socialization as well as their individual, family, and community values, and b) clinical or psychological knowledge based on observation, theory, and research evidence. Evidence-based practice thus encompasses considerations about the psychologist's and the service recipient's cultures and empirical considerations, such as around the use of tests.

Others have focused on test administration and interpretation considerations. Ball (2021) cautions that great care is warranted in the use of standardized tests with Indigenous youth. Instead of a deficit focus, Ball emphasizes a balanced inquiry inclusive of strengths, culture, and context. This requires the gathering of cultural and contextual information from multiple sources in multiple ways (e.g., narrative accounts and learning stories rather than a sole focus on test results) and inquiring about how this youth is functioning in relation to other youth in that community context. Mushquash and Bova (2007) second the need for a multi-method assessment approach, emphasizing the importance of engagement with relevant family and community members. They also suggest the incorporation of behavioural observations within the individual's natural environments to capture elements of their experience that may not be apparent with the use of standardized measures alone.

Cautions are put forth regarding careful selection and interpretation of standardized measures. Although highlighting this caution, Mushquash and Bova (2007) also emphasize that assessment measures do provide useful information when interpreted with care (e.g., consideration of cultural loadings and linguistic demands, referencing relevant empirical

literature on Indigenous youth's performance on various measures). They suggest that following these guidelines, and practicing in a relational manner may lead to assessment practice that is of value to the individual and their caregivers. This includes checking in with others around meaningful and appropriate interpretation.

Others have introduced ecological models or approaches to assessment centred upon wholistic and contextual understanding. Okamoto and colleagues (2006) suggest an ecologically based assessment approach with Indigenous youth. In alignment with others, they emphasize the importance of gathering both qualitative and quantitative information, and the need to understand youth's behaviours in context of their environments. This serves to guide subsequent intervention in culturally relevant ways. Similar in nature, Pitama and colleagues (2007) introduce the Meihana Model, a multi-dimensional clinical assessment framework. This framework, based on clinical and cultural competencies includes six dimensions: Whanau, Tinana, Hinengaro, Wairua, Taio, and Iwi-Katoa.

These six dimensions focus on the importance of including, 1) the service recipient's support networks in the assessment process; 2) considerations of physical wellbeing in connection to overall wellbeing; 3) considerations of psychological wellbeing in connection to overall wellbeing, addressing biases in practice, and contextualizing test results and diagnosis in alignment with the client's values, beliefs, experiences, and culture; 4) considerations of attachment and spirituality in connection to overall wellbeing; 5) considerations of the physical environment of the individual in relation to their overall wellbeing, as well as of the assessment, ensuring the environment is accessible, inclusive, and welcoming; and 6) consideration of societal impacts and their connection to overall wellbeing, identification of the psychologist's and/or their organizations' organizational strengths and weakness, and an understanding of how

they may impact their work with Indigenous service recipients. Pitama and colleagues suggest the incorporation of frameworks such as Meihana into assessment practice, noting the critical need to question the continued use of historical assessment approaches, which are not always appropriate for or beneficial to Indigenous service recipients.

Mushquash and Bova (2007) similarly stress the need for culturally sensitive assessment with Indigenous and culturally diverse individuals (2007). As do others, they suggest that prior to the assessment, the psychologist identify biases that may impact their practice. They suggest learning about the individual's culture and asking about their preferred language. They emphasize the importance of engaging in relational practice from the first meeting, including addressing distrust or other barriers that may interfere with the assessment process. This includes engaging in ways that demonstrate understanding of historical and current social and economic factors that impact the individual's development, current functioning, and engagement and trust in the assessment process.

Ball (2021) suggests that ethical and culturally safe relational assessment practice is guided by five questions: 1) What do we want to know about this child? 2) Why do we want to know this? 3) What kinds of information do we need to gather? 4) How will we gather the necessary information?, and 5) What will we do with this information after we gather it? (p. 7). These questions should be explored with caregivers as part of the informed consent process, ensuring that the assessment will serve a positive purpose. Ball also emphasizes that assessment should only occur when there can be meaningful follow through on the results because leaving youth with a list of diagnoses in context of limited resources to support forward growth can cause harm and is unethical. Ultimately, Ball is calling for psychologists to engage in relational and collaborative practice, wherein the psychologist understands and respects contextual factors,

shifts their practice accordingly, and gears their practice toward youth, family, and community needs.

Others similarly suggest that approaches to assessment with Indigenous youth be centred in the establishment of trusting and collaborative relations (e.g., Ball, 2021; Brendtro et al., 2012). Brendtro and colleagues introduce the Circle of Courage resilience model (2006; 2009), and the associated Developmental Audit model for assessment. These relational models are centred around belonging, mastery, independence, and generosity, needs they identify for all children to thrive irrespective of their cultural background. This model aligns with a systems view of learning and development, positive psychology and strength-based approaches, also focusing on Indigenous perspectives of child development and education. Key components of this model include reviewing available records, scanning the child's ecology, exploring timelines and patterns with a focus on both strengths and struggles, and collaboratively creating a restorative plan (Freado & Van Bockern, 2010). The Developmental Audit model is positioned as a more hopeful approach to assessment, as it is oriented toward growth and change rather than diagnosis. Quantitative and qualitative approaches to assessment are prioritized equally, with an emphasis of collaborating with the youth to see if diagnosis is in their best interest (Brendtro et al., 2012).

Some organizations, such as the Eastern Door Centre, have also taken a more relational and wholistic approach to the assessment process, detailing on their website what youth and families can expect during the assessment process and outlining how they take a two-eyed seeing approach to guide screening, and assessment, intervention, and prevention practices in relation to the medicine wheel (<https://www.easterndoor.ca/>). It is exciting to see this expansion in promising practices, and psychologists would benefit from learning more about youths' and

caregivers' experiences of these approaches, alone and/or in comparison to historical approaches to assessment.

In support of this assertion, Brendtro and colleagues (2006; 2009) emphasize the need for tripartite evidence-based practice as put forth by the APA (2006). However, Brendtro and colleagues (2006) indicate that much more attention must be paid to the third part of evidence-based practice guidelines, the preferences and understanding of the youth in assessment. Indeed, Brendtro identifies how youth have been “the missing expert” in assessment as it has historically been practiced (p. 139), noting that this needs to change as youth and their caregivers must be considered integral expert contributors to the assessment process. Such considerations suggest the critical importance of understanding how the process of assessment impacts youth's and caregivers' perceptions of assessment to better guide psychologists in practice (Hunsley & Mash, 2007; Mihura et al., 2017)).

It is hopeful to see growth in culturally responsive research and practice. Incorporating these approaches into training curriculum would foster a learning environment in which students could broaden their conceptualization of assessment and how it may be practiced. Current practitioners might also consider learning more about these practices and how they may be incorporated into their work to meet the needs of youth and caregivers in general, and Indigenous youth and caregivers in particular. Broadening the scope of possibilities in assessment training and practice would hopefully lead to process and outcome research of historical and promising assessment practices, resultantly helping psychologists to use multiple forms of evidence to enact change in alignment with the CPA's promise to do assessment work in a better way with Indigenous youth and their families.

Conclusion

To conclude, controversy has surrounded assessment and diagnostic practices since their inception due to, among others, cultural, developmental, and utility concerns (e.g., Aschieri, 2016; Bornstein & Hopwood, 2017; Matarazzo, 1990). Psychologists practice from an evidence base to ensure the greatest probability of positive outcomes and the least probability of harm to individuals who access psychological services. As psychology is an evidence-based science, it is surprising that there is limited scientific inquiry into the utility, benefits, and potential risks of youth assessment generally, and with Indigenous youth specifically.

Without sufficient empirical and Indigenous youth and caregiver preference evidence to guide them in their intercultural clinical practice, psychologists may engage in biased, ethnocentric, and oppressive practices (Aschieri, 1990; Jensen & Hoagwood, 1997; Matarazzo, 1990; Overmars, 2010). As assessment necessarily occurs within relationship and can be understood as the initiation of intervention (e.g., Pei et al., 2013), psychologists require a better understanding of its *process* and *impacts*. Understanding the experiences and preferences of those who access assessment services will better permit psychologists to understand which assessment techniques, approaches, and processes are best for whom and in what context.

Checking in with youth and caregivers about their assessment preferences and the impact and outcomes of the assessment, as well as increased research efforts in these areas will help guide psychologists in practice and may lead to broader and informed positive systems shifts. Current and future psychologists would benefit from learning more from Indigenous youth, caregivers, Knowledge Keepers, and communities to guide their assessment practices and processes in an increasingly culturally safe manner. Process-level inquiry may be especially impactful to inform assessment practice with and for Indigenous youth and their families, as

relationship is a process factor and relationality is paramount in many Indigenous belief systems. Such evidence will help psychologists engage in more fully tripartite evidence-based practice.

This evidence may help to steer psychologists toward increasingly optimal and beneficial assessment practice with Indigenous youth and their caregivers and facilitate the enactment of meaningful and reconciliatory change. Such understandings are critical so that psychologists may practice assessment in an increasingly ethical, culturally safe, useful, and beneficial ways, respectful of multiple knowledge types. Knowledge from the perspectives of Indigenous youth and their caregivers will guide ways forward in assessment practice that is aligned with their needs. Such a shift will have theoretical and methodological implications for the investigation of the assessment process, impact assessment training and practice, and ultimately add to the advancement of psychology and, therefore, assessment, as a science.

Chapter Three: Methodology

Historically, health and social sciences research conducted *on* Indigenous peoples and in their communities was driven by colonial perspectives that often resulted in harms and further marginalization through unethical practice and the decontextualized or misrepresentation of peoples, communities, and their experiences (Hill et al., 2010; Koster et al., 2012; Ninomiya & Polluck, 2017; Tobias et al., 2013). As such, some contemporary researchers warn against the use of colonized research approaches and instead call for decolonizing approaches to research with Indigenous peoples and communities (Drawson et al., 2017; Hill et al., 2010).

Many agencies, organizations, and communities have made calls to action and have set policies and procedures in place to prevent colonized and potentially harmful research and practice from continuing to occur with Indigenous peoples and their communities (e.g., CPA, 2018; Tri-Council Policy Statement, 2nd ed. [TCPS2], 2022). In context of the CPA's (2018) promise on behalf of Canadian psychologists to move psychological research and practice forward in a reconciliatory and culturally safe manner to best meet the needs of Indigenous service recipients, careful consideration about research planning is warranted so that knowledge co-creation can occur in a good way that may guide shifts in practice. This requires researchers to create knowledge *with and for* Indigenous peoples (Chatwood et al., 2015; Koster et al., 2012; Salmon & Clarren, 2011; Tobias et al., 2013) using approaches that are culturally safe (Bourque & Bearskin 2011; Ramsden, 2002).

Several researchers suggest that responsive and relational community-engaged approaches are well suited for research with Indigenous peoples and communities (Drawson et al., 2017; Gokiert et al., 2017; Ninomiya & Polluck, 2017). Suggested approaches facilitate two-eyed seeing, giving equal value and priority to Indigenous and Western knowledges (Chatwood

et al., 2015). They may be understood as more culturally safe (Bourque Bearskin 2011; Curtis et al., 2019; Ramsden, 2002) and decolonizing approaches that align with the CPA's (2018) promise. I explore the methodology of this research below.

Methodology

In this research, I used a community-engaged qualitative descriptive approach to research, which is guided by principles of relational partnership building and a social justice orientation (Fassinger & Morrow, 2013; Isler & Corbie-Smith, 2012; Mills et al., 2006), to facilitate deep understandings of Indigenous youths' and caregivers of Indigenous youths' assessment experiences. Community-engaged qualitative descriptive research aligned with my constructivist methodology and theoretical positioning, first introduced in Chapter One, in that it facilitated socially constructed co-creation of knowledge (Bartlett et al., 2012; Chatwood et al., 2015; Mayan, 2009). The qualitative descriptive method allowed flexibility in my approach to best answer my research question. This method allowed me to interpret the co-created knowledge whilst staying 'data near,' or close to youths and caregivers descriptions of their experiences (Doyle et al., 2020; Sandelowski, 2010). The qualitative descriptive method can guide meaningful practice recommendations based upon the co-created knowledge (Doyle et al., 2020).

Semi-structured interview was the knowledge co-creation strategy used to explore the formal psychological assessment experiences of youths and caregivers. I used thematic analysis to analyze the data, with the results presented through interpretative organization of the co-created knowledge (Attride-Stirling, 2001; Braun & Clarke, 2006), and supported by thick description in alignment with the qualitative descriptive method (Doyle et al., 2020). All facets of my methodological approach are presented in Table 1 below. In alignment with these

methodological facets, I title subsequent sections describing the youths and caregivers as knowledge co-creators, and the results of analysis as co-created knowledge. I explore the research process below.

Table 1

Methodological Facets of This Research

Methodological Constructs	My Methodological Approach
Methodology and theoretical positioning	Constructivism
Research approach	Community-engaged
Method	Qualitative descriptive
Knowledge co-creation strategy	Semi-structured interviews
Data analysis strategy	Thematic analysis
Results	Description

Note: This table was adapted from Mayan's (2009) approach to sorting out theory and method.

Community Partnerships and Recruitment

Broadly speaking, in my research, building community partnership and the recruitment of participants included four components that were interrelated and did not necessarily occur in a linear fashion. The first component was to engage with people and communities to see if partnership in this research would be a good fit for them. I reached out to new and existing networks. I had prior connections with some community partners through personal relationships, and school, clinical, and research work. Connecting with new and existing networks allowed me to build relationships and partnerships that addressed the needs of community partners, and ultimately facilitated subsequent connections with youths and caregivers. Community partners included centres offering mental health services, some of which included assessment, one

geographical community, Alexis Nakota Sioux Nation, and several individual community partners offering mental health services to youths and their families. All community partners, youths, and caregivers resided across the land known as Alberta.

In these initial meetings, I introduced myself, and the ideas for and purpose of this project through presentations and discussions as requested by my community partners. These interactions offered opportunities for questions and feedback about how best to approach this research and meaningfully engage further with community partners, youths, and caregivers. These introductory meetings occurred with individual service providers, organization leaders and staff, community members, and Elders. Following our meetings, I asked the people and organizations if they had an interest in partnering with me on this research. During these meetings and when asking this question, I followed traditional guidelines throughout our interactions, offering the Elders tobacco and food. We discussed how partnership would entail the community partners sharing this research opportunity with youth and caregivers, and how I could meaningfully engage with and give back to the community.

Although engagement was the first component, it was not a linear process. Rather it was a foundational and ongoing component of forming and maintaining relationships. It happened in different ways and at different paces, with communities leading these decisions. Aligned with the co-created knowledge in this research, there was no one size fits all for community engagement. I tried my best to engage with and give back to communities; however, this was constrained due to restrictions and safety concerns surrounding the pandemic. Some facets of ongoing community engagement included update emails or meetings and tentative planning of how to share knowledge with communities. I engaged in community meetings with two partners to discuss their assessment needs. With one partner, I contributed to planning around steps to

advocate for assessment services in their community. I attended and helped at community events, engaging in relationship building through conversations that flowed from this engagement. For instance, in my helping role as a potato peeler. I had the opportunity to visit with Elders, caregivers, and youths as they shared their thoughts and feelings surrounding experiences outside of formal interviews. This allowed for discussions about health and wellbeing in communities, access to resources, the importance of this work, and folks' perceptions of assessment. For instance, considerations of labelling, diagnosis, and the education system in context of colonialism and the forcible placement of children in residential schools and connections to current practices. Engagement in ceremony in community was another way of engaging in relationship. I was honoured to receive teachings relevant to this work that helped give me strength, magnify the importance of this work in context of community experiences and needs, have trust in the process, and guide and support me on this journey. These partnerships will extend beyond this research, as we collaboratively plan how to best share this knowledge. Only within the context of ongoing community engagement could I engage in components two, three and four.

The second component involved me sharing recruitment materials with the community partners who agreed to partner with me in this research. Recruitment materials included information letters and a poster. Some community partners also requested that I make a video explaining this research opportunity and to put a face to my name. Please see Appendix A for copies of the information letters, assent and consent forms, video script, and recruitment poster. Community partners then decided how best to distribute the recruitment materials, sharing them by email, posting to community social media accounts, and having direct conversations with youths and caregivers.

The third component was connecting with youths and caregivers. I used purposive sampling to connect with youths who had experienced formal assessment, and caregivers who supported youths through a formal assessment. As such, my sample was focused to allow deep exploration of assessment experiences. This approach is suggested when exploring phenomena about which little is known (Mayan, 2009; Schilling, 2006). A formal assessment meant that youths were assessed by a psychologist who used assessment measures and wrote a report. My inclusion criteria were wide as there is limited research in this area and I sought to more fully explore the topic in order to capture broad insights. Inclusion criteria only required that the youths had a formal assessment and could speak about that experience. Thus, youths may have had an assessment by a single psychologist or a team, in various locations, and for various referral reasons.

After hearing about this opportunity from community partners, youths and caregivers reached out to me directly by phone or email to express interest in this research. In some cases, those who reached out to me remained anonymous to the community partners. In other cases, youths and caregivers requested assistance of the community partner to help plan for the interviews. Thus, I did not guide these decisions, rather I followed the lead of youths and caregivers in order to best meet their needs. The fourth component was to interview the youths and caregivers.

Qualitative Interviews

The knowledge co-creation strategy was a semi-structured interview. I used this strategy to explore a set of broad questions about youths' and caregivers' understandings of assessment, perceptions of benefits and harms, and changes they would like to see in assessment. The interview guides can be found in Appendix B. Youths and caregivers were encouraged to share

their experiences in whatever way made sense to them. During and after each interview, I asked follow-up questions to clarify youths' and caregivers' meanings. I checked in with each person about recurring themes or themes that seemed to be important to them individually (e.g., time, trust, relationship). Each interview was manually transcribed verbatim. I asked youths and caregivers if they would like a copy of the transcript. This allowed them to have possession of the knowledge we co-created, while also allowing them to check it for accuracy, if they wished. Due to the COVID-19 pandemic restrictions, some in-person meetings were not permitted. Interviews occurred in-person, by phone, Zoom, or secure teleconference. All interviews were audio-recorded with youths' and caregivers' permission. I was not able to audio record one youth interview due to their incarceration. In addition, one caregiver declined audio-recording of our interview. In both cases, I took notes as close to verbatim as was possible.

Knowledge Co-Creators: Youth and Caregiver Engagement

I had the honour of co-creating knowledge with Indigenous youths and caregivers of Indigenous youths in this research. All in person-meetings involved food, and all youths and caregivers were given a \$30 gift card to a store of their choice. All participants gave signed consent to participate. As part of the informed consent process, I asked about audio recording, I explained how the interview data would be stored, I told them that I would send them a transcript of the interview if they wished, we discussed how the co-created knowledge would be shared, and we discussed their desired involvement in the member checking process. I encouraged them to ask questions at any time. I let youths and caregivers know they were free to answer or refrain from answering any questions, and that they could stop participating at any time without penalty. No youths or caregivers terminated participation or requested that their data be removed. This study was approved by the Human Research Ethics Board at the University of Alberta, Ethics ID

number Pro00096621. In total, I conducted interviews with 18 participants (eight youths and ten caregivers). Only one youth and one caregiver were connected by the same assessment experience. All other youth ($n = 7$) and caregivers ($n = 9$) were independent and not connected in any way. I describe the youths and caregivers below.

Youths

I co-created knowledge through interviews with eight Indigenous youths between the ages of 16-23 years, with an average of 20 years. Interviews occurred by phone ($n = 1$), in-person ($n = 6$), and by secure teleconference for one youth who was incarcerated ($n = 1$). Secure teleconference meant that they joined the phone/video call from prison, and I joined from a secure meeting site with restrictions on materials and technology. Youth interviews ranged from 35-76 minutes, with an average of 54 minutes. Physical ceremonial offerings were offered in the form of tobacco, which four youth accepted, one youth accepted sage, two declined ceremonial offerings, and I was unable to make a physical offering to the youth I met by secure teleconference due to restrictions of the correctional centre. In this instance, I was only able to bring my pen and paper into the meeting and I needed to adapt to work within the constraints of a correctional setting. The youth who was incarcerated was open to me offering prayer before starting, and I did so. Three youths identified as male, four as female, and one as two-spirited. Youths who wished for their community(s) to be named came from: Cold Lake First Nation, Edmonton, Fishing Lake First Nation, Louis Bull First Nation, Saddle Lake First Nation, Smith's Landing First Nation, and Whitefish Lake First Nation. Youths identified their cultural background(s) as Cree ($n = 6$), Dene ($n = 2$), and Métis ($n = 2$). Some youths had received more than one assessment and so multiple assessment locations were indicated, with assessments occurring at a clinic (public or private; $n = 6$), school ($n = 1$), hospital ($n = 1$), or community

health centre ($n = 1$). Some youths identified specific diagnoses they received through assessment, and others identified challenges more broadly. These diagnoses and challenges included depression ($n = 4$), learning ($n = 4$), fetal alcohol spectrum disorder (FASD; $n = 2$), attention-deficit/hyperactivity disorder (ADHD; $n = 3$), anxiety ($n = 2$), and post-traumatic stress disorder (PTSD; $n = 1$).

Caregivers

I co-created knowledge through interviews with ten caregivers of Indigenous youths. The interviews occurred by phone ($n = 5$), Zoom ($n = 3$), and in-person ($n = 2$). Interviews ranged from 45-125 minutes, with an average of 89 minutes. Physical ceremonial offerings included tobacco, which five caregivers accepted; five caregivers declined physical ceremonial offerings. For the eight caregivers who provided their ages, ranging from 36-68 years, the average was 52 years. Two caregivers did not wish to share their age, instead defining themselves as “old.” Two caregivers identified as male, and eight as female. Some caregivers spoke of multiple youths receiving assessment or youths who had multiple assessments and so multiple locations were indicated, with assessments occurring at a clinic (public or private; $n = 7$), school ($n = 6$), hospital (4), and community health centre ($n = 5$). Caregivers defined their relationship(s) to the youth as: mother ($n = 5$), foster mother ($n = 3$), father ($n = 1$), foster father ($n = 1$), aunty ($n = 1$), relative ($n = 2$), or other non-parental caregiver support ($n = 1$). Caregivers who wished for their community(s) to be named came from: Alexis Nakota Sioux Nation, Bonnyville, Cold Lake, Edmonton, and Kehewin. Caregivers identified as Métis ($n = 1$), First Nations ($n = 2$), Nakota Sioux ($n = 1$), Cree ($n = 2$), and non-Indigenous ($n = 4$). The caregivers said the youths they spoke of identified as Métis ($n = 3$), First Nations ($n = 2$), Indigenous ($n = 2$), Nakota Sioux ($n = 1$), and Cree ($n = 3$). Some caregivers identified specific diagnoses the youths in their care

received through the assessments, and others identified challenges more broadly. The diagnoses and challenges included FASD or prenatal alcohol exposure ($n = 7$), ADHD ($n = 4$), learning ($n = 4$), personality ($n = 1$), oppositional defiant disorder (ODD; $n = 3$), and attachment ($n = 1$).

Thematic Analysis

Thematic analysis was used to explore the knowledge co-created in this research. This exploration of meaning within context includes deep immersion in the data through memoing, journaling, transcribing, coding, and interpreting themes, which are supported by the codes and quotes in the final written report (Braun & Clarke, 2006). To compliment the thematic analysis process and facilitate visual depiction of the structure and connectedness of the themes, I used thematic networking (Attride-Stirling, 2001). I explore these complimentary analytic approaches below.

Thematic analysis is a flexible strategy compatible with constructivist methodology; this strategy entails a systematic approach to the development of themes and is not bound by a theoretical framework (Braun & Clarke, 2006). I used an inductive approach to thematic analysis, meaning it was data driven. The inductive method is a good fit for analyzing relatively unexplored phenomena, as the data rather than preexisting theory guide theme development (Braun & Clarke, 2006). Such thematic analysis of participant perceptions can lead to clinically meaningful practice recommendations (Doyle et al., 2020)

In thematic analysis, rigour can be demonstrated through considerations of credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1985). Glaser and Strauss (2006) also offer a 15-point checklist to evaluate the rigour of thematic, analysis. I use both to explore the rigour of this work. In this research, credibility is supported through close adherence to youths' and caregivers' descriptions, as well as their feedback through member checking.

Although I did not have responses from all youths and caregivers to the post-interview member checks, I checked in around meaning and important themes with every youth and caregiver during their individual interviews. This consideration alongside the use of thick descriptive quotes strengthens the confidence that the knowledge presented here reflects and honours their voices and stories. Transferability concerns the provision of information, which allows the reader to make decisions about the applicability of the findings to other contexts. Transferability considerations are supported through description of youth and caregiver recruitment, and the approach to knowledge co-creation and analysis. It is also supported through clear descriptions of the youths, caregivers, and me as a researcher as well as the context within which this research occurred.

Dependability evidence concerns clear explanations about the research process and decisions made therein. Sections above detail information about my community engagement and recruitment strategies, and below I provide detailed information about the method of analysis. Finally, confirmability evidence allows considerations about my influence on data collection and analysis, or how much confidence the reader may have that the analysis reflects the knowledge that was co-created in the interviews. Prior to commencing this research and in the first chapter of this document, I positioned myself as a researcher and acknowledged my biases. I did not come into this process objectively, as in addition to these considerations, I also was immersed in the literature in preparation for my candidacy exam.

I acknowledge that I came into this process believing relational and strengths-based practice based upon understanding and respect was important, and that I came out even more so believing this to be true. However, I believe that I did not have undue influence over the knowledge cocreated here, as youths' and caregivers' responses to the broad interview questions

clearly reveal the importance to them of assessment practice as a good relative. I provide in-depth excerpts to highlight the impact of these stories, and to allow the reader to make their own decisions about the connections between the excerpts and themes I put forth.

I reflexively considered my positionality and biases throughout this research by memoing ideas and questions and reviewing these memos regularly. I journalled my reactions throughout the research process, and sought consultation, supervision, and/or engaged in ceremony to explore my reactions, ask for guidance, and ensure that I was approaching this work in a good way. Awareness of my positionality and biases also led to reflexive practice, through scrutiny of the data in alignment with the results of the analytical process and ensuring to consult and seek supervision as needed. These elements as well as remaining ‘data near’ support evidence of confirmability in this work.

Braun and Clarke (2006) outline six phases of thematic analysis, including familiarizing myself with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a written report. Below, I outline how I engaged in these phases, with interwoven quality considerations from their 15-item checklist.

To familiarize myself with the data, I reviewed each interview post-transcription. During the first review, I listened to the audio while reading the transcripts, correcting any errors. My second review was reading each interview in its entirety. During the second and third reviews, I highlighted key words and passages, and began noting my initial thoughts in the margins of the papers. After this stage, I emailed youths and caregivers with an overview of illustrative quotes and main themes from their individual interviews, and I asked for their feedback. The purpose of this email member checking was to ask any further clarifying questions, check for accuracy in interpretation, and to allow for expansion upon points as they saw fit. I received responses from

six of nine caregivers and four of eight youths who expressed interest in post-interview member checking. Some youths and caregivers engaged in post-interview member checking by email, and some asked to discuss the email by phone or in-person. The one caregiver who did not want to engage in post-interview member checking indicated that they felt the within interview checking in was sufficient. One youth indicated that they had too much going on in their life to engage with the post-interview member checking. After several follow ups, I did not hear back from the remaining youths and caregivers.

After all interviews were complete, I met with my supervisor to review my initial thoughts in context of the data. My initial noted thoughts were data focused and interpretive. Some examples of the data focused thoughts included words such as colonialism, culture, deficits, gender, hope, language, listening, questionnaires, reactive, stigma, strengths, symptoms, time, tools, trauma, truth, unknowns, and yelling, to name but a few. Interpretive thoughts included considerations of trauma-informed work, systems, humility in practice, assessment as intervention, and the importance of relationship, to name a few. This meeting allowed me to consult about my initial thoughts, explore my reactions to the co-created knowledge, engage in iterative brainstorming around the development of codes, and begin brainstorming about potential themes and their networking.

From there, I generated initial codes. To do this, I examined my initial thoughts in consideration of the issues youth and caregivers were discussing (Attride-Stirling, 2001), ultimately developing initial code names. My coding process was thorough, systematic, inclusive, and comprehensive as I considered all data within each interview. This process was iterative as I went through the interviews - code names shifted as I gained a better understanding of the issues being discussed in relation to each code. Excerpts of data were allowed to have

multiple codes, as excerpts at times contained multiple ideas. This also allowed for the preservation of context. All coded excerpts were then transferred to separate word documents containing the code names, and retaining the source of the excerpts (i.e., the participant ID).

The next phases of the analysis were to search for themes and name the themes. I reviewed the codes, searching for overarching themes. I did this by reviewing the documents containing the coded excerpts and noting connections between codes. In this iterative process I came to finalize the theme names. Ultimately, three themes were identified. From here, I transferred the codes into three separate theme-named documents. The three themes centred upon relationship, understanding and respecting context, and coming to truly see the youth. I reviewed each of the three documents to compare the themes against one another, to further explore the connection of the codes within each theme, and to consider the distinctiveness of each code and theme. This was another iterative process, as I figured out how to tell the most cohesive and coherent story. Wherever possible, I used code and theme names that were 'data exact or near.' Although there were some differences between youths' and caregivers' interviews, and between individuals in each group, all touched upon elements of the importance of relational assessment practice as a good relative. For this reason, I chose to tell one story of the knowledge co-created with youths and caregivers, rather than to separate them.

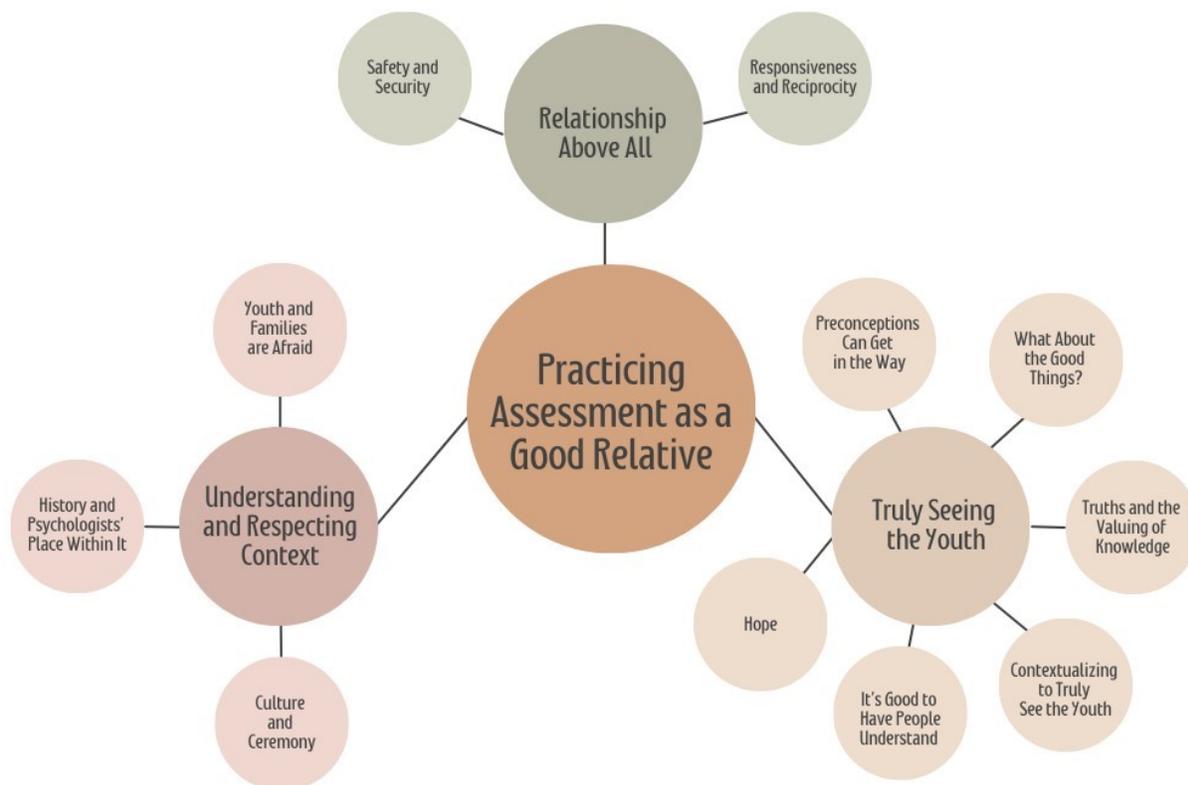
As a tool to assist me in analysis, I used thematic networking (Attride-Stirling, 2001). Thematic networking helped me to visualize the analyzed data in relation to codes and themes, and ultimately identify the overarching global theme of practicing assessment as a good relative. It allows a web like depiction of the global, organizing, and basic themes. The global theme is the overarching principle from which non-hierarchical organizing themes stem. The organizing themes are comprised of non-hierarchical basic themes (Attride-Stirling, 2001). Thematic

networking occurred as I was in the sixth phase, creating the written report. The written report contains a balance of analytic narrative (i.e., interpretation) and compelling and illustrative quotes (description). Filler words (e.g., like, um) were most often removed from the excerpts, although I otherwise retained the language as youths and caregivers used it. In the final stage of writing, I checked the written document to ensure the language I used throughout was consistent with my methodological positioning, including identification of myself as an active contributor to all parts of this research process (Braun & Clarke, 2006).

In alignment with the thematic networking approach, I present the co-created knowledge via global, organizing, and basic themes. Although Attride-Stirling (2001) uses the term basic themes, I have chosen to use the language of subthemes to denote basic themes in the following chapter. I identify three organizing themes of relationship, understanding and respecting context, and coming to truly see the youth through assessment, each comprised of their respective subthemes. The global theme of practicing assessment as a good relative encompasses the three organizing themes. I provide an overview of the thematic levels with example quotes in Appendix C. The global theme, organizing themes, and subthemes are depicted in Figure 1 in the following chapter. In the next chapter, I explore the knowledge co-created with youths and caregivers. I refer to youths and caregivers using those terms as well as they/them/their pronouns to further maintain anonymity, except where the quote or nature of the message prevents me from doing so. I italicize text where youths or caregiver stressed their words. I also use abbreviations of (Y) or (CG) in some instances to denote a youth or caregiver quote to preserve the flow of the text.

Chapter Four: Co-Created Knowledge

Through interviews with eight youths and ten caregivers about their assessment experiences, it was clear that assessment practice by different psychologists resulted in “*completely different process[es].*” Although there was no one way of doing assessment nor one common outcome, practicing assessment as a good relative was foundational to good practice. I first explore the global theme of *Practicing Assessment as A Good Relative*, represented in the centre of Figure 1 below. Three organizing themes stem from the global theme of practicing assessment as a good relative: *Relationship Above All*, *Understanding and Respecting Context*, and *Truly Seeing the Youth*. Each organizing theme is comprised of 2-6 subthemes.

Figure 1*Thematic Networking of Practicing Assessment as a Good Relative***Practicing Assessment as a Good Relative**

Relational intentions and processes impacted youths' and caregivers' perceptions of assessment outcomes. From assessment being used as a "weapon or a tool" and youths' and caregivers' perceptions of the assessment as helpful or harmful. No matter the nature of the outcome, the psychologist had intervened in their lives. One youth and one caregiver expressed that assessment was "life-altering," with many touching upon the potential for profound positive or negative impacts. For instance, some youths stated, "it changed my life, and I came out a different, better person" and "it can give people hope." Contrastingly, some caregivers spoke

about assessment's potential to "destroy," describing it as "harmful," "detrimental," "retraumatizing," and "devastating."

Many reflections about the impacts of assessment work were related to practice processes – *how* psychologists engaged in this work. One caregiver shared,

I'm excited that this [research] is being done. ... I think ... if [psychologists] do assessment right, [they] can open up lots of freedom to kids and if [they] do it wrong, [they] can change the trajectory of their life forever, and it's not good.

Although some caregivers reported very bad assessment experiences, some believed that assessment "can be done in a good way," and that it is "needed" but only when "the intention of the assessment is to help." Others emphasized that, "assessment and knowledge should be used to help people, help our relatives" and that psychologists should, "Do these things to make things better for others, not for you." They expressed that assessment "should be heart work from a place of kindness and respect," and that "love is, can conquer all, as they say."

Youths and caregivers shared that part of doing assessment work as a helpful relative included taking a humanized approach centred in unconditional positive regard. Both youths and caregivers spoke of the importance of "humanized" practice within an "environment ... reflect[ing] welcome of humans with their differences." A few caregivers felt that "humanity can be missing." One caregiver stated that assessment work should "always ground in their humanity, and their dignity, and absolutely the right they have to respect. ... If [a psychologist] can't respect a person, they should never assess."

Contrastingly, some youths described that assessment "can restore faith in humanity," emphasizing, "that's the thing, definitely having humanity and caring about people no matter what. It really makes the difference."

One caregiver said, “For us, one of the highest callings has always been to be a good relative.” To be a “good relative,” said a caregiver, the psychologist should do “work based on tribal values, traditions, and relations.” *Practicing as a Good Relative* was critical, and youths and caregivers touched upon how psychologists might orient their practice in such a way. I explore the three interconnecting organizing themes of how to practice assessment as a good relative next.

Relationship Above All

Youths and caregivers identified that psychologists’ relational intentions and processes impacted their perceptions of the assessment. Thus, the first organizing theme of *Relationship Above All*. One caregiver said, “Relationships are so important as human beings, ... so important in our life. ... All Indigenous tribes have teachings around kinship and social structures.” Others highlighted how in assessment “the key is to work relationally,” and the importance of “showing relationship.” This included psychologists “coming to reserve.” A caregiver shared that, “the bottom question is always this: How does the study better the child? ... What is your investment in this child? Your investment in this child is what you will get in return.” The belief was that psychologists should be an invested part of a team who “are all approaching this in a good way ... to help and support people to reach whatever potential they have.”

Most youths touched upon relational factors in connection to their positive assessment experiences, or those that could make the process better. Many described that the assessment was done by “someone who cares,” is “understanding, and supportive,” and “wants to connect with you and learn about you.” One youth described the psychologist as “respectful” noting,

She was someone I could talk to. She smiled. She cared a lot about my situation. She was interested in what I was doing, and she seemed passionate. ... Very understanding. I felt

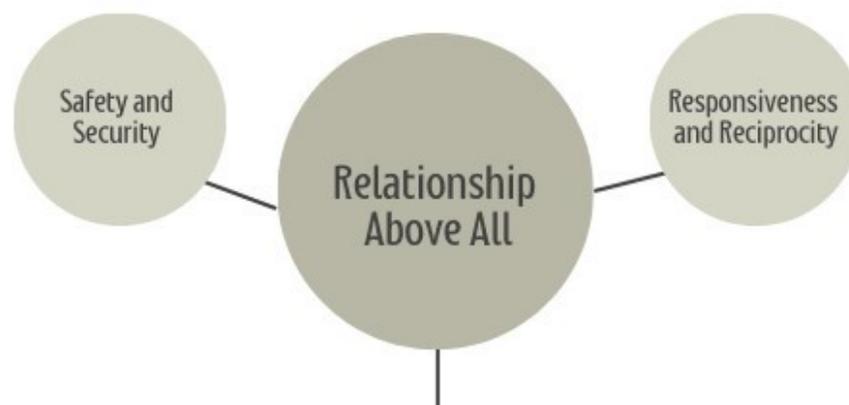
comfortable in the office. She helped me become comfortable in the office. She was funny too.

Another said, “I have never met people like that in my entire life... People in real life, in the real world do not care about you. They do not care.”

One youth contrasted their positive experience during the assessment to other mental health service experiences, which they found to be “condescending. People treat you like you are smaller.” They preferred how before and after their assessment, the psychologist treated them “good” by “maintaining equality, to just treat them like you would treat anybody else.” They felt relational practice meant treating people well. I next explore the organizing theme of relationship above all through its two subthemes: *Safety and Security in the Relationship*, and *Responsiveness and Reciprocity in the Relationship*. See Figure 2 below.

Figure 2

The Organizing Theme of Relationship Above All



Safety and Security

Youths and caregivers spoke about the subtheme of *Safety and Security* in three ways: (a) having a client centred process grounded in transparency and understanding, (b) understanding that some psychologists are engaging in unethical practice which causes harm, and (c) the need to acknowledge and navigate the power dynamics in the working relationship.

Overall, the degree of safety and security in the relationship was strongly associated with the assessment experience and outcomes. This included trauma-informed practice. For example, one youth emphasized, having “choice around preference of man or woman is important. If a woman is not available, they could ask for a woman nurse to come in.” To feel safe and secure in the working relationship, youths and caregivers desired client-centred care. They needed to understand the process and get to know and feel they could trust the psychologist. Although informed consent is a legislated standard of practice, youths and caregivers relayed that they were missing pertinent information. As such, I explore the need for transparency in considerable depth.

Many youths and caregivers described many unknowns about assessment. Thus, they lacked information to sufficiently inform their consent. Several emphasized the need for psychologists to use “an easier way of wording things,” (CG) and not deliver too much information at once. This was important because one caregiver said that without understanding, “It’s benign because there is not enough in there for a kid to get excited because they don’t really understand. So, if the kid doesn’t understand the assessment, basically they know they did something.”

They emphasized the need for greater transparency throughout: psychologists explaining and answering questions about what assessment was and was not, what to expect, and exploring

potential outcomes and any limits it might place upon them. Such explanations helped to quell fears and increase a sense of comfort. One caregiver said, “If they only had somebody to explain what to expect ... because it was kinda scary for us.” Youths said, “Not a lot of people know about this assessment, ... maybe let people know more about it,” and “explain to me what is going on.”

One caregiver provided an example of what transparency in an “introduction to the assessment” might look like:

‘We are going to try to help you figure out what your potential is and what strengths you have got and we’re going to ... try to give you some idea of what ... may be tripping you over as you get a bit older. ... And this assessment is only good for a short period of time because ... your body will change your mind will change.’ ... So, you would sit down with that pre-introduction, and you’d do what we call an assessment for that moment in time.

Another caregiver contextualized the need for clarity around the purpose of the assessment and any limitations on what may be explored because, “I thought the assessment was for one thing, but it wasn't.” This caregiver left the process feeling that their questions were unanswered. Some also spoke of wanting to hear about others’ assessment stories, because it could help ease fears, “knowing that it helped them” (CG).

Benefits were noted when psychologists transparently answered youths’ questions. For instance, caregivers shared, “There it was easier. ... It didn’t take that long for him to get assessed because they explained to him what they expected him to do” and, “It kinda gave him piece of mind. ... She was really good. She took the time to sit with me and him, she answered his questions. And it really helped us to understand it more. ... I was happy.” This practice was

associated with youths and caregivers feeling more settled and open, and youths performing at their best in subsequent testing.

Youths and caregivers also discussed the importance of transparency around choice. One youth said they felt “forced” to participate, stating “I want to have freedom,” concluding that they would not do it again. Other youths expressed appreciation when choice was explicitly explained to them. Caregivers also highlighted the importance of choice. For instance,

If I [had a choice], absolutely I would never have taken them to that clinic... Did I think that assessment advanced them? No. Not at all. Not even a speck. ... I would have done something else, something on the side of healing.

Some also spoke of youths wanting to know how they were doing throughout the assessment, and not receiving feedback or reasons why feedback was not given. One caregiver thought it might be helpful to transparently share results with the youth each day, so they were not left “wondering” and “scared” about the results. Many also desired greater transparency surrounding the nature of and reasons for the questions the psychologist ask. They expressed that this may help prevent youths from feeling “blindsided on how in depth it was” (Y) or that the psychologists’ questions were unjustifiably personal.

Many also wanted to know what information would be shared with whom, the reasons for it, and any circumstances where confidentiality might be broken. When confidentiality was broken in context of inadequately transparent explanations, as described by a youth, this could damage the working relationship. When psychologists took the time to transparently share information, they enhanced safety and security in the working relationship. In doing so, youths and caregivers were less likely to see the psychologist as a stranger.

Many youths and caregivers identified that the psychologist was a “stranger:” a person whom they did not know and with whom they were not immediately comfortable. When starting the assessment process, a caregiver said, “No, they don’t want to talk to you, they just met you. Anybody’s kid would be shy when they meet a stranger until they get to know you.” One caregiver noted that although “the teams were friendly, the kids were afraid, they didn’t know what to expect.” A few youths shared these sentiments. For instance, one said, “With me, it’s when I meet new people ... it’s hard for me to talk about things. ... Why am I telling this random person about my life, and, what’s it to them kind of thing?” Caregivers associated psychologists’ failure to attend to these relational factors of safety and security with negative impacts such as the youth shutting down. One said, “well maybe I could have been there for a little bit or something?” Many spoke of how both open and transparent communication and the involvement of others could help to shift perceptions of the psychologist as a stranger to an engaged, invested, and “caring” (Y) professional.

Youths and caregivers wanted to feel comfortable. They suggested what psychologists could do to create greater safety and security in the working relationship. For instance, by meeting prior to the assessment and considering the environment in which assessment occurs. Meeting prior to commencing the assessment offered opportunities for clarification and to get to know the psychologist. One caregiver said, “maybe [it would be helpful to have] pre-interviews with the family [to see if] this assessor is a good fit.” This caregiver noted the importance of comfort and trust in relation, yet they doubted psychologists would have time for pre-interviews.

However, not all psychologists took such an approach to practice. A few caregivers said they did not even meet or had limited interaction with the psychologist. Thus, the psychologist remained a stranger as they did not experience a relationship built upon safety and security. One

described, “It was a psychologist in training that did the questionnaires and then the registered psychologist wrote the report and did the debriefing. So, that’s why I said it was like a business, just churning out these assessments.” Another shared a similar sentiment, wherein the youth was assessed by a team without feeling they had developed a solid and trusting relationship with any of them. These caregivers perceived a level of detachment in the working environment and relationships and felt that it was an area in which practice could be improved.

Reflecting their experience of a detached relationship and environment, one caregiver shared,

I think getting interviewed, ... it felt like one way communication, and I was pouring my heart out. ... [He was] just sitting there, not even nodding but just, ‘yup.’ ... I just really felt that that whole interview was just so cold and formal. ... I didn't like that part. ...

Like him sitting behind his desk and me on my side, ... just asking questions, not much eye contact.

When asked what could have made that better, this caregiver said, “even just, the physical, ... no barriers in between, ... openness... [and] I think recording a session is probably better and less distracting.”

Relational investments to support a safe and secure working environment led to perceptions of the psychologist as warm, understanding, and caring. For instance, one youth said they felt understood and as though they were talking to a “friend who was also a doctor.” Part of this relational investment included validation of youths’ and caregivers’ feelings and experiences as well as considerations of what a youth may need to feel comfortable within the assessment environment.

Having caregivers more involved in the assessment, particularly at the beginning but at times throughout, was something many perceived would be helpful. One youth said, “So, not just a psychologist, or whatever it's called. ... So, you don't feel like you're so alone and sitting with some stranger - have somebody come in and sit with you that will make you feel comfortable.” A caregiver noted, “Maybe if someone was there [who] they trust it could be different.” Youths' and caregivers' reflections indicated that psychologists' flexibility or inflexibility around the inclusion of others could deeply impact safety, security, and trust in the working relationship.

Trust was identified by youths and caregivers as a key element in safe and secure working relationships. It was not a given. The presence or absence of trust was noted to impact youths' performance and the depth of information they and their caregivers chose to share. Regarding trust and relationship, one caregiver said, “Without it the kid is going to tell you what they think you want to hear, or what they should tell you. Or they don't understand so they just give you an answer of whatever.” Without a trusting relationship, the assessment “doesn't mean anything.” This caregiver noted that as much as the psychologist is watching youth, the youth are “watching” and “testing” the psychologist,

to see if you really are sincere or just playing bullshit with them. ... They will never tell the truth unless they know you personally and there is some relationship that has been built there. ... Very few people get that information, and to get that information [they need to be] comfortable in your care, and [know] they can trust you.

Multiple caregivers spoke to elements of formality, time, environment, and interpersonal style, and their influences on the assessment relationship and establishment of trust. Several youths shared their appreciation of the interpersonal style of psychologists and how it impacted their level of comfort and trust. They responded well to psychologists who “joke[d]” and

“personalized the experience.” One youth said, “What I think I want, and need is people listening ... and people understanding my point of view ... especially when working with the human brain because the brain is confusing.’

The process looked different when trust, safety, and security were not established in the working relationship. For instance, the room being “cold, sterile, indifferent, and, I actually think, aggressive. ... It was like being in jail, for goodness sakes.” One caregiver said, “he [the psychologist] was horrible at creating relationship and getting their very best. He was very bristly.” From caregivers’ perspectives, the establishment of trust not only impacted the working relationship, but also youths’ performances and the conclusions the psychologist drew after analyzing the assessment information.

A poignant example of how trust, safety, and security in the relationship could impact the outcomes of an assessment was given by a caregiver who spoke of a misdiagnosed intellectual disability for one Indigenous youth. The youth told the caregiver, “I didn’t tell that suit anything. Nothing.” The caregiver explained that the youth was,

Bright. ... But nobody prepared him properly for what was going to happen. The assessor was a ‘suit.’ ... There was no relationship, no rapport, no dynamic that was established there and no context to this kid who was tired of being looked at.

The potential for inaccurate information to be obtained and misdiagnosis to occur when a trusting, safe, and secure working relationship was not established was further highlighted by one caregiver who noted, “when children are terrified, it’s not capturing their functioning.”

Several caregivers spoke of unethical and harmful practices leading youth to be terrified. Some psychologists were not engaging in relational assessment as a good relative, centred in safety and security. At minimum, this led to discomfort sharing openly with the psychologist and

the psychologist making inaccurate conclusions. It could also deter youths and caregivers from wanting to pursue further assessment, and perhaps even from seeing other doctors and caring professionals altogether. In the worst cases, it harmed youths and their caregivers.

Such practice was viewed by caregivers as “heartbreaking and negative” or “extremely devastating for the person going through the assessment.” Such an assessment had the potential to “put us in a dark place.” This family did not “put a lot of faith in [the assessments they received]” which left them feeling, “angry, frustrated.” Ultimately, this family prayed and, went to ceremony and gave it to the Creator [to] get rid of that horrible feeling we had leaving, ... to reset your frame of mind from being down in the dumps about your child, to lifting that spirit back up and honouring your kids.

Unsafe, unethical, and harmful situations included yelling at youth and/or caregivers, seeing the youth alone when they were not yet ready to be alone with the psychologist, and extreme insensitivity to trauma-informed practices. Regarding non-trauma-informed practices such as yelling, one caregiver said, “that part I did not like. Because I was just thinking to myself, ... [the youth] doesn’t understand. Have some patience with him.” Another emphasized, “[assessment is] dangerous if it’s done poorly. They can hurt people.”

For example, one caregiver spoke of a youth “screaming” because he did not like the door being closed. Another spoke of a particularly unsafe assessment experience with a male psychologist assessing two female youths who had experienced severe trauma by men in the past. They stated, “I was very angry about this. ... [She] was taken into this room - she was terrified ... she was shaking.” The male psychologist sat in front of the girl and had another man sit behind her. The caregiver described how difficult it was to reach a compromise to allow the caregiver to remain nearby, and the impact this had on the youth.

She answered very poorly. She often said “I don't know” when I knew she knew, she was, oh my, phew (voice waivers). She did her best in another violating situation. ... It was awful, ... those people were wrong. ... [They should have] accommodated to have a female tester. ... [They should not have] pre-supposed she is broken and dangerous ... [and told her], ‘I need this person in here to make sure you don’t tell stories about me.’ ... It could have destroyed them. I had to fight to get them not hurt. ... I was very angry about this. ... It didn’t have to be adversarial.

As an example of how unethical practice could also harm caregivers, one shared how they perceived “prejudice” and “drunken Indian stereotyping” from the assessing psychologist because of a misdiagnosis of the youth in their care,

In the end the diagnosis was that he was FASD, and I was really offended by that ... and I never drank. ... So how could he be FASD? ... And I just felt really alone ... helpless ... it was such a traumatic time for all of us ... Unfortunately, it wasn't the right diagnosis. ... It was just such a difficult time for me. ... I just really felt like I was fighting for my life, and I had to be okay so that my kids can be okay.

This caregiver said, “I fought so hard against that [stereotyping],” describing that the psychologist left it for her to “carry” and she still carries it.

Outside of this example, to youths and caregivers the lack of safety and security in the relationship most often did not seem intentional. Rather, it reflected psychologists becoming “offended” when caregivers spoke up for youths’ needs and a level of “arrogance” in working relationships of imbalanced power. When youths’ and caregivers’ knowledge was not respected and the relationship remained imbalanced in power, caregivers could experience some negative reactions such as, “don’t tell me what’s good for my child” or feeling like they were “locking

horns” with the psychologist. A caregiver noted, “that’s unfortunate. And this is another way kids are disadvantaged.” They expressed concern because although they felt comfortable navigating power differentials within the working relationship, not all caregivers would be.

In alignment with this concern, some caregivers indicated comfort in voicing their concerns and insisting the psychologist respond appropriately, and others expressed discomfort intervening or voicing their concerns. Several caregivers shared how they were not allowed to open the door or sit in or near the room even if the youths were scared and/or crying, although some caregivers said the psychologists allowed it. Caregivers found that how psychologists approached these situations, impacted the process from start to finish. Safety and security in the relationship was paramount, and this included having responsive and reciprocal relationships.

Responsiveness and Reciprocity in the Relationship

Responsiveness in the relationship meant understanding and thoughtfully responding to youths’ and caregivers’ needs, which facilitated reciprocal engagement in the assessment process. Youths and caregivers wanted psychologists to understand that they enter the working relationship with different experiences and needs. Psychologists could enact this understanding by considering how to best communicate with and empathetically listen to and value the knowledge of youths and caregivers in responsive rather than reactive practice. Enacting responsiveness in the working relationship facilitated reciprocal engagement because youths and caregivers felt well-informed, understood, and respected as contributing members in the assessment process. I explore key considerations of the subtheme of *Responsiveness and Reciprocity in the Relationship* below.

Part of engaging in a safe, secure, and respectful working relationship was realizing that youths come in with different experiences, emotions, and needs. Youths and caregivers expressed

appreciation when psychologists were responsive to their needs and dissatisfaction when psychologists failed to be responsive to their needs. For instance, failing to break or reschedule when youths were tired, bored, hungry, emotional, or triggered. Youths' life situations could impact their ability to attend and function through lengthy appointments. For instance, if they were housed and/or getting adequate sleep and nutrition. Unhelpfully, some psychologists persisted with the assessment without much responsiveness to these considerations, and other demonstrated flexibility around breaks, shorter sessions, and rescheduling. One youth said of a psychologist's flexibility, "it was nice."

Caregivers emphasized their desire for psychologists to better understand youths' needs and to enact this understanding responsively. For instance, considering the suitability of long testing days for youth. Time considerations related to caregivers' perceptions of youths' performances and impacts outside of the assessment room. One described "To me it was too long of a day, ...nine until three. ... He was overtired. ... Have it for three days, a few hours a day instead." Another seconded that idea, "I think they needed to be more broken up." Several youths said that assessments were "long" although none mentioned wishing it would be broken up. One caregiver shared that because of the "intense and invasive" length of the sessions, the youth,

became really pissed off ... distant ... and closed off after it. ... She kind of started to act like we thought there was something wrong with her. And it's, 'no, we are just trying to understand you better', but that is sort of her take away from it.

Lengthy sessions impacted many youths' functioning and engagement, and also seemed to indicate to several caregivers that the psychologist was rushing to completion rather than considering the possible impacts on the youths.

Working in responsive and reciprocal relationship meant psychologists having “patience” (CG) and investing time. Psychologists’ investment of time, or lack thereof, was keenly tied to the strength of the working relationship. For instance, one caregiver said they perceived it to be “churned out, regurgitated reports, a business, [with] not much thought and effort, [and] errors in the report.” To some caregivers it seemed, “he didn’t care.” One expanded, “She just wanted to get through it ... to get the answers to her questions ... and get her report done. She didn’t want to spend any time how I was feeling or anything like that.” Another found it was “just like we were a number, not seeing us as people, just another child. Try to get you out of there as fast as they can.” One tried to make sense of the psychologist’s behaviours stating, “maybe he had other things to do. Maybe things on his mind that were more important, or he didn’t have the time. ... I don’t think it is okay.”

Connecting the relationally responsive element of investing time and connecting it to reciprocal trust-building, one caregiver said, “You know we did this in two days. Relieved all of the girls’ hardships. ... Maybe if it had gone out over a two-week period or something, where the psychologist developed rapport with the girls, because they were shy.” Another caregiver echoed this sentiment, “I think beneficial would be, maybe make it a longer process and have families or caregivers, the people who are raising these kids, have everyone kind of involved, you know?”

Although no youths spoke of the assessment process being rushed, several caregivers had different experiences, which keenly tied to their overall perceptions of the process and outcomes. They noted that sufficient time should be invested in the assessment process, “not just predetermined.” Said one caregiver, “They only have so many hours to do this assessment. ... So those people are all like shadow people to her,” noting that she would not remember them. When psychologists spent insufficient time to develop the working relationship, it led some caregivers

to feel that assessment practice was impersonal, as though they and the youths were not a priority. Others noting that “if they only spent more time, they could have figured things out.” Caregivers mentioned their belief that psychologists “should have time to explain the results” but sometimes do not.

Contrastingly, one caregiver connected time and relationship directly to youth performance and reciprocal engagement in their assessments. They found the psychologist to be “very understanding. She made him feel at ease, I guess. Like a friend, like he knew her. ... He tried his best, so he was happy with her.” Youths and caregivers felt that with the flexible investment of time, psychologist could demonstrate responsiveness to their needs to create a safe, secure, and reciprocal working relationship.

Responsiveness in communication style was also important to youths and caregivers. Youths spoke of the importance of responsive communication matched to their needs in a variety of ways. For instance, finding it “annoying, but not harmful,” when psychologist say, “you are doing great, keep going,” giving “a generic inspirational speech... out of pity” when youths feel they are “drowning” on an activity. Instead, “they could have made a couple more jokes or something... everything would have been lightened up.” Another youth was similarly bothered by the way the psychologist spoke to them,

So, just a bit like ‘Okay. This. Is. What. I. Said.’ Then it was loud and ‘OKAY I AM GOING TO SAY THIS AGAIN, JUST ONE MORE TIME, AND LISTEN VERY CAREFULLY.’ ... It was making me so frustrated cause ... I felt ... so retarded.

This youth and others said it would be best to check-in with them about their communication pace and style preferences.

Caregivers also wanted responsiveness in communication, which included taking time to empathically listen to and value their knowledge. This led to them to feel understood, validated, and prioritized as an important contributing member of the process. When absent, it could prevent the formation of a good working relationship or lead to relational ruptures. For instance, one caregiver shared their experience of having their emotional responses invalidated by the psychologist:

The psychologist was like, ‘Well, why are you upset?’ ‘Well, you are making me tell you ... and relive all the terrible things ... and of course I am going to be emotional. ... I should be allowed to be emotional.’

In some instances, caregivers found that psychologists seemed to react with little consideration of the potential harmful impacts. To work responsively, caregivers believed that psychologists “should know how to work with ... children.” For instance, by asking a youth to do what they could, allowing them to go back if they wanted, and emphasizing that it was okay to move onto the next question. They connected such practice with positive impacts. This contrasted dramatically with another caregiver’s experience, wherein the psychologist raised their voice at the youth because the youth was not doing what was asked of him, and the youth became upset.

Youths and caregivers both spoke to the importance of responsiveness and reciprocity in the working relationship through the assertion that there is “no one size fits all.” One caregiver emphasized the importance of “acknowledging people for who they [are]” so that the psychologist could be responsive and truly capture youths’ experiences and functioning. Relational responsivity in assessment practice meant to youths and caregivers that the psychologist did not take a “formulaic” (CG) approach to practice. They suggested that it was or

would be helpful when psychologists were responsively flexible around time, structure of sessions, communication style, and youths' and their caregivers' emotions, experiences, and needs. When this happened, youths and caregivers felt or would have felt more comfortable and trusting; thus, leading to increased openness and engagement.

When some of those elements were missing, they could come away from the assessment perceiving that the assessment was harmful or "benign" (CG). Overall, youths and caregivers related safety, security, and responsivity in the working relationship to greater ease, comfort, and openness throughout the assessment process, and a greater probability of understanding youths' experiences and functioning. Thus, these elements of relational practice facilitated reciprocity in the working relationship, whereby through mutual understanding, respect, and relational connection, everyone was actively contributing to and benefitting from the assessment process. To youths and caregivers, these relational elements fostered or would foster an environment wherein the psychologist could do work in a good way as a good relative to truly see and understand the youth. An interconnected component of such relational work was *Understanding and Respecting Context*, the second organizing theme, which I explore next.

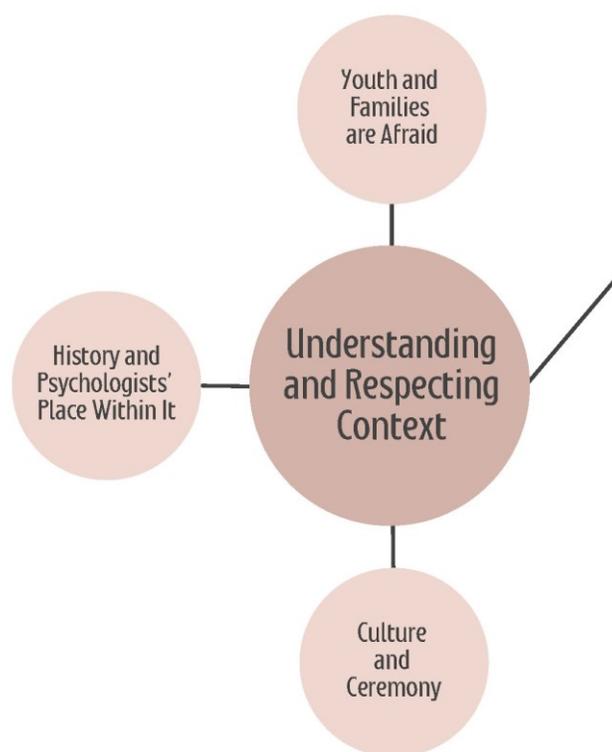
Understanding and Respecting Context

Even before entering the assessment, youths and caregivers emphasized that the psychologist needs to understand and respect the context within which the assessment occurs. The organizing theme of *Understanding and Respecting Context* interconnects with the organizing themes of *Relationship Above All*, explored above, and *Truly Seeing the Youth*, explored in the subsequent section. Understanding and respecting context requires the psychologist to be aware of potential stigma and fears coming into or leaving the assessment, history and the psychologists' situation within it, and cultural considerations of traditional ways

and ceremonial offerings. I explore the organizing theme of understanding and respecting context through its three subthemes: *Youth and Families are Afraid*, *History and Psychologists' Place Within It*, and *Culture and Ceremony*. See Figure 3 below.

Figure 3

The Organizational Theme of Understanding and Respecting Context



Youth and Families are Afraid

To understand and respect context to engage in a good way, youths and caregivers shared that the psychologist must understand that they are taking a risk by engaging in the assessment process, and they may be fearful. The subtheme of *Youth and Families are Afraid* identifies the need for psychologists to respectfully engage based on this contextual understanding. One caregiver shared,

Families come in afraid because they've been judged. And because they've been treated very sharply and very negatively. ... Assessment has been a punitive process and has not been a life-giving process. It's not been something that made them feel stronger or smarter, or hope, or it doesn't highlight their resiliencies, it doesn't highlight their talents.

Youths and caregivers expressed concerns about self-judgements, judgements from others, and negative impacts post-assessment. Related to worries about being found to be "stupid" through the assessment, and because they really didn't know what to expect going into the process, youths at times felt "weird," "nervous," and/or or "overwhelmed." One youth said, "some people are too afraid to even seek help, they don't think it would help. ... I was afraid at first. I didn't know what you guys wanted. But I understand now." Caregivers also expressed fears about assessment, particularly around entry into the process, potential Children's Services involvement, and judgement and outcomes.

Several caregivers expressed fears about the psychologist not believing or devaluing their concerns and perspectives, and of being turned away from assessment. One caregiver shared, "I think some would be kind of embarrassed to ask for help, ... people judge, ... and with me I was kind of scared I'd get turned down. ... I figured they might figure he's just a bad kid and I'm not doing what I'm supposed to be doing. ... That's what I was scared of at first. ... And I think a lot of parents, they just give up."

This caregiver had the strength to persist with the assessment despite their fears. Several caregivers spoke about fears around having to push for an assessment.

They spoke of difficulties advocating to have the youths in their care assessed, and in these scenarios feeling neither understood nor respected. For instance, because of stigma of caregivers as being "overreactive" when they push to have the youth assessed for an "invisible

disability.” This caregiver spoke of being made to feel “paranoid” and of professionals being “judgemental” about their persistent requests for an assessment. They said,

That’s the other thing too, you feel like you must not be parenting right. ... They actually thought I was a lunatic at first because, ‘How can you send this sweet little girl through our program? There is nothing wrong with her.’

Another caregiver shared a similarly off-putting experience,

When they first seen him, that psychologist looked at me and told me, ‘He doesn’t look like an FAS kid.’ I asked him, ‘Well, what do you mean by that?’ He said, ‘Well his eyes aren’t squinty. Or he doesn’t have his facial ... characteristics.’ I told him, ‘Yah, I know, ... but ... I’m the one that’s keeping him, so I know.’

These caregivers expressed how difficult it was to persist amidst the disbelief.

Throughout the process, some caregivers said they could feel judged, invalidated, “attacked,” undermined, excluded, or unheard. A few said that psychologists could act “like he knows more than I do. ... He wasn't really listening to me,” and they “discount caregivers rather than seeing them as an ally.” One caregiver described the process as a

nightmare because there is always this disbelief, ... judgement. ... And I always feel like I am being dishonest or overreacting, and ... I don’t want to feel like that all the time. ... And so, I find it’s not a process that I would wake up in the morning and say I want to do this.

Some caregivers spoke of how it took many years to have youths’ needs understood and supported through assessment. Some described how it was an exhausting “fight” to get youths assessed in the first place, and then to receive any information following: “It’s kind of upsetting, ... it would sort of get pushed off or brushed under the rug” and left some youths until late

adolescence or early adulthood without the needed understanding and supports. Once assessments occurred, caregivers often had their suspicions confirmed, although they noted that not all caregivers would be comfortable pushing so hard,

That's where I figure a lot of people have problems, when they meet psychologists like that. They just give up. ... They don't wanna go through that, ... they get discouraged.

And that's where it's hard, for a lot of them.

This contrasted with caregivers who felt heard and "validated" through the process.

Regarding possible solutions, one thought assessment could be done differently if psychologists could "give power back to caregivers" and acknowledge, understand, and respect their wisdom and experience. Both youths and caregivers spoke of how they believed sharing their stories could help ease youth's and caregivers' worries about engaging in assessment. One caregiver said,

A lot of people are, not scared, I don't know if they're ashamed or, I don't know. ...

They don't want to ask for help. ... They don't want to get judged... They don't want to do it on their own. They need help to get them motivated.

Youths also spoke of the need for psychologists to share how assessment might help them, and for assessment to be more "normalize[d]." Other youths spoke of how they'd tell others to pursue an assessment if they had the chance: "Give them a little inspiration of how to go forth with it... and [tell them] that the outcome will always be great cause you're getting your life figured out." Some caregivers also perceived the need for psychologists to help ease fears around Children's Services.

Several caregivers spoke of feeling "skeptical" or experiencing fear around assessment due to past experiences and/or worries about potential Children's Services involvement. Some

caregivers said they saw the potential for harm or experienced harm post-assessment because assessment results could be or were used against them by Children's Services. These caregivers clarified that this harm was not associated with the psychologists' practice directly, but instead with how the report was subsequently used by Children's Services or others.

Many caregivers expressed how they benefitted from or wished that psychologists would have understood and helped navigate the fears and multiple relationships during the assessment when Children's Services was involved. This understanding was important because there can be a lack of "trust" and much fear in context of historical and ongoing happenings surrounding mental health research and practice, and Children's Services' involvement in families' lives. As some shared from experience or word of mouth, the psychologists' report could be used to further perpetuate these colonial impacts whether intended or not.

As one youth shared, understanding and respecting history is important in and of itself, and it also can factor into the assessment process. Youths and caregivers may enter the assessment with different attitudes, beliefs, and fears around mental health services due to experiential differences surrounding the removal of Indigenous youth from their families and the treatment of Indigenous peoples across time. For instance, one youth shared,

My grandma, she was in residential schools. ... Anything to do with mental and health, it was like 'Don't do it! It's going to ruin your life ... or they are going to backstab you, and child welfare is going to come.' ... But then it was like, 'No I need to talk to someone about everything in my head before I snap.' ... But I think there are so many scepticisms about what they would do to a person back then. ... It caused her to always have this window of doubt and distrust against people. ... That generation was so different... My

generation, we have access to everything, all of the knowledge and we can ask questions and ... mental health stuff *is* more normalized now.

One caregiver gave an example of how their own assessment experience impacted them and how it was tied to subsequent Children's Services involvement, "[the assessment] helped me understand my kids and myself. It was just I guess the child welfare worker that took it the wrong way, yeah, used it against me or something like that." Another seconded this sentiment, "How honest can you get with a psychologist without being made to look different in someone else's eyes? Like the CFS [Child and Family Services] worker that will use that information against you and label you. That's my experience." Several feared that their children would be apprehended or that Children's Services would be alerted post-assessment. Fears around social services involvement were magnified for those querying FASD. One caregiver said, "Especially in rural areas, they've never heard of [assessment]. They're scared to lose their children cause of FAS. ... They [caregivers] suffer in silence."

When asked what might help ease these fears, a caregiver said, "I guess when we first met with the psychologist, they reassured me that nothing was going to happen with her, that they were just trying to find ways to help her learn." They believed that similar conversations would help to ease others' fears. To address these fears, which may deter some from accessing or continuing with services, several youths and caregivers spoke of the need for openness in conversation about possible outcomes, including diagnosis and connection to resources, and the need to normalize assessment.

Some of the feared outcomes centred around negative judgements toward the self as well as judgements by others, around being categorized negatively as "stupid" or "retarded," words that came up many times in both youth and caregiver interviews, or as a "bad parent." Although

no youths said they left the assessment feeling stupid, some caregivers found that the youths they cared for left the process feeling that way.

Three youths spoke about their initial fears of being diagnosed or labelled as having a disability, particularly surrounding the diagnosis of FASD and/or qualifying for supports such as Assured Income for the Severely Handicapped. One youth believed that these fears of not being “normal” can “scare people off” from assessment. Several youths also spoke of wanting to feel “normal” again or of wanting to go for an assessment because they felt that something was not normal about their experience. However, said one caregiver, “Sometimes youth think they are assessed because something is wrong with them,” and they “don't want to know the outcome.”

Youths did acknowledge that others may judge them regarding the diagnosis, “you know a lot of people say ... rude things sometimes.” They talked about others’ judgement and what that meant to them. For instance,

I am not embarrassed of myself when I say, ‘awe jeez I have this diagnosis.’ ... It’s more like other people ... joke around and ... laugh about it. And I remember laughing about things like that too, but then when you really get diagnosed ... it’s not that funny... it’s serious.

Another expanded, “At first, I remember growing up and feeling it’s [FASD] embarrassing. But you know what, I feel like it could be really helpful for me.” Although a few youths expressed having initial fears, they explained how conversations about the process and potential or actual diagnoses and access to supports helped them to reframe these thoughts. They came away more settled and with the realization that the process may benefit them, and they said they had since started sharing this information with others.

Some caregivers also spoke of fear around assessment queries about maternal alcohol use during the mother's pregnancy with the youth, and the judgements that might accompany a possible diagnosis of FASD. One said, "I was scared to hear ... it was my fault that I ruined them." Another spoke of the importance of working to understand and respect context to address fears of assessment questions pertaining to maternal alcohol use, and the ways in which people communicate about youths diagnosed with FASD.

Both youths and caregivers spoke of how fear of judgement could make them want to hold back information going into the assessment. Their decision of whether to hold back was at times dependent on personal decisions based on relational factors such as trust with the psychologist and the assessment process, conversations with the psychologist and/or other supports, or a lack of these conversations. With their current experiential knowledge, one caregiver said they would probably engage in assessment again "and wouldn't be so ashamed or hold back [on] some questions that I should have answered more. It would be more helpful for them, the kids, finding about them." This spoke to an ease in their fears around assessment after having gone through the process. One youth said, "I guess that is probably it, just being in fear constantly made me not want to be in fear anymore, and that was my step to like taking that back, just doing that [being open in the assessment]." It was helpful when psychologists addressed their fears. For instance, caregivers found it helpful to hear from the psychologist that "they're not there to judge" and "reassuring them it will help them."

Because fears of judgement exist, a discretionary approach to assessment planning was perceived as helpful by one caregiver: "So I think maybe he felt more at ease. ... They picked a day when there was no school, no one else around. ... So, he felt like he wasn't frowned on I guess, just like a normal kid." Discretionary planning such as this and respectful conversations

based upon these understandings facilitated greater comfort sharing information during the assessment. Regarding what might help ease youths' fears, one youth said,

I think a lot of people would wanna know, does it affect my future? ... Because that was one of my issues, not issues, but I had a lot of questions. Like am I still going to be able to do certain like things in school with this diagnosis? And I was pretty happy to hear it was, 'No, you can do anything.' ... I don't think anybody should be scared [of assessment]. I think you learn new things about yourself everyday and ... it's totally fine after you get through it.

Several youths shared how their fears dissipated after going through the process and they believed that "people shouldn't be scared of assessment." Regarding the "need to normalize it" (Y), one youth said, "I would tell them just keep an open mind about it, cause that is what I had to do. I just kept an open mind, and it was fine." These stories indicate that many are not entering the assessment process neutrally – they are taking a risk in doing so. This risk may lead to benefit or harm. From their perspectives, psychologists needed to be aware of these risks and fears, and respectfully engage based on these understandings. To do so psychologists also needed to understand history and their place within it.

History and Psychologists' Place within It

Youths and caregivers may have had past assessment experiences or have heard about others' experiences or concerns in context of history. They emphasized the need for psychologists to understand the historical contexts within which they practice. This included considerations around the impacts of colonial structures, a history of systemic racism, and intergenerational trauma and how they related to the assessment process. The subtheme of

History and Psychologists' Place within It delves into historical and positional considerations of understanding and respecting context.

One caregiver spoke of how youths can vary in their understanding of how their and their families' developmental and experiential course had been impacted by history and their experiences as Indigenous persons. The caregiver shared the importance of this information for youth, noting youths' "Indigenous history ... and the discrimination [their] family has experienced has had an impact on [them]." Another noted,

I think that psychologists really need to, I don't mean to take one course in Native studies, I think that they really need to understand that colonial systems, and I think the history, and know which tribe you are engaging with. I think it makes a big difference.

One youth spoke of how older generations may have difficulty with "trust" and how this distrust continues to be justified: "It's just ... heart aching ... the way Indigenous people are treated compared to other cultures ... and unfortunately that is still the systemic racism that still follows." This youth noted how there has been much change over a relatively short period, though adding "You see the inkling, but you don't see the mile, and we need to start seeing the mile." A caregiver noted, "We've been researched to death ... and there is absolutely no benefits to our people, and in fact we've been losing in a lot of that." Both the youth and the caregiver were referring to the fact that in some instances, history seems to be repeating itself, and that there needs to be more understanding, and rapid, respectful, and continual change in research and practice to ensure they benefit Indigenous peoples.

Several caregivers and one youth spoke of the need for psychologists to go beyond understanding history, to acknowledge it in the assessment process and in their reports.

Caregivers said, "It is helpful to include and know about history," "the environment is poisoned,

that's why they need assessment,” and others mentioning “poverty” and “intergenerational trauma.” Several wondered how this information factored into assessment – most finding no mention in psychologists’ reports. For instance, one caregiver said the “contact of colonialism [is] not acknowledged regarding FASD and alcohol.” Another expanded to say,

We are supposed to be moving into reconciliation but not realizing what the white, what the non-Indigenous people don’t understand, ... a lot of broken young people came home from the residential schools ... and that’s where all this intergenerational trauma still continues. ... I think that psychologists definitely should know about the colonial impacts, the residential schools, and just really get to know their clients.

Several caregivers and one youth spoke of historical and ongoing happenings surrounding mental health research and practice and Children’s Services involvement in families’ lives, and how there can be a resultant lack of “trust” and much fear. Assessment has played and continues to play a role in the removal of many Indigenous youths from their homes. For instance, one caregiver shared their perception that Indigenous “kids are a commodity” in assessment as it intersects with the foster care system because when youths are found to have “special needs,” more money is given to foster families to care for the youth. Others mentioned the potential for harm through Children’s Services referrals where caregivers were minimally involved and had little say in the process, including “assessments for court to show that kids were hurt by abuse and trauma,” noting that youths can be “re-traumatized in the process.”

A few caregivers also shared how certain diagnoses reminded them of the labelling of Indigenous youth in residential schools. One of those diagnoses was oppositional defiant disorder (ODD). One felt this label painted a picture of the youth always being in trouble and reminded them of how Indigenous youths were labelled as “bad” in residential schools. To

many, assessment was not a benign practice because of these connections. Youths and caregivers expressed the need for psychologists to understand and incorporate this knowledge as well as psychologists' own positioning as they conduct assessments.

Either directly, or indirectly, many caregivers spoke of the need for psychologists to reflect on what they may bring into the relationship. A few caregivers emphasized that psychologists must understand and respect they are operating in systems where "many workers are non-native," noting the "whiteness of psychology and organizations" and the need for there to be "more Indigenous psychologists." Another said, "there's a lot of systemic blindness" with another stating, "it goes back to colonialism that continues today; we need things from an Indigenous perspective." As one caregiver noted, it is "not necessarily the [assessment] workers who are racist /colonialist. But the education system standards [youths are] assessed by, ability to understand, all have to do with government and what resources are available." Not only did caregivers and the youth note the need for reflective practice and systemic change to include more Indigenous perspectives in assessment practice, youths and caregivers also called for psychologists' learnings to expand beyond that gained from textbooks.

One youth and one caregiver expressed their beliefs that for psychologists to understand and respect context, they would benefit from experiential knowledge to facilitate true connection with and understanding of Indigenous youth. The youth stated that that psychologists would benefit from

gaining more knowledge of actual hands-on lifestyles instead of textbook realities. ...

There is a lot of people who haven't lived a hard life or even understand why someone has a hard life by being Indigenous. ... I think there needs to be more knowledge shared with people who have lived that lifestyle or have gone through these things to you guys.

A class for you guys to learn things sort of thing. I think that would benefit everyone, [to] help psychologists help people more than they already are.

A caregiver shared this sentiment, noting that psychologists should seek to gain more “experiential knowledge, not linear knowledge.”

Just knowing about history is insufficient said several caregivers and one youth. One caregiver believed that psychologists need to “learn some skills” because acknowledging truths and actioning these understandings through respectful and reconciliatory change is important. For instance, learning and using local language: “It’s like a non-Indigenous person saying abawahsded [hello]. Because, you know, we are always the ones who have to subject ourselves and always do what the system tells us, and it’s been like that since the settlers came here.” Through experiential knowledge and use of local language and/or practices a psychologist could demonstrate respectful and reconciliatory action. To gain experiential knowledge, psychologists need to be open to learning. As one caregiver said, “We can’t have teachings unless people are willing to listen.” In relation to increased experiential knowledge, part of desired systems changes centred in greater recognition and incorporation of culture. I explore the subtheme of *Culture and Ceremony* below.

Culture and Ceremony

The importance of understanding and engaging with culture and ceremony was touched upon in a variety of ways, and most strongly from caregivers’ perspectives. A few youths expressed appreciation for ceremonial offerings prior to the interviews, with one mentioning how many professionals say they will engage in culturally safe ways, and then do not. One youth touched upon cultural differences in attitudes and beliefs between those who live on reserve and

in the city, explaining, it's "a *completely* different dynamic of life." Other than these comments, youths did not speak much about culture during the interviews.

Many caregivers touched upon cultural considerations in assessment. One caregiver spoke of the importance of respect and "always" being "kind and follow[ing] protocol," noting how this makes people feel "comfortable." For some youths and caregivers, the importance of humour and food were touched upon. Another believed it would be helpful to "bring in the best of two worlds, because everyday for us as Indigenous people, we are always having to negotiate."

Several noted how assessments do not often include basic local language, cultural understandings, ceremony, or Elders, but should. One caregiver said, "I think is really important for those Indigenous people that need it." Another said, "Even having part of our spiritual teachings, it should be part of that assessments because that is part of our way of life. ... For us it's important." Another noted that these practices should be initiated by the psychologist and youth and caregivers should not have to ask. One shared,

Offering of tobacco is a good place to start, or with a prayer. ... To me, it's a gesture. To me, when you offer tobacco there is a trust relationship, that you are coming in a good way and that there is this idea of a mutual benefit. ... I mean, sometimes families are so distraught or are so exhausted or they might not think about these things or the benefits. Some expressed that entering and closing assessment work with relationship and intentions shared through ceremony "helps to protect the spirit" and permits the work to be done in a good way. For instance, "smudging together, maybe praying, or having an Elder present to help us and guide us through the process when it gets hard, as a support person."

Caregivers emphasized the importance of having “cultural and spiritual support from Elders” and Knowledge Keepers who could help commence and close the assessment process, and/or who could work alongside the psychologist throughout. Regarding the need for more local connections and collaboration in assessment practice, one caregiver said,

It is possible to work together to help investigate what is going on for each of our children and youth in an environment that they are familiar with, which is in the community, and where they are going to see not a team, but some safe place and someone to actually be there to help along with assessment in some capacity.

Another reason for the psychologist to collaborate with Elders and Knowledge Keepers, was to deepen understandings and incorporate local ways of understanding and communicating about youth because “we use our cultural explanation, our cultural teachings, you know our cultural language to talk about people like my son.” These may differ from ways psychologists might talk about youths. For instance, the importance of understanding the youths in context of their strengths and “gifts” rather than their deficits, said one caregiver: “This is coming from our traditional way of looking at our people.” A couple caregivers wondered how “maybe if in our language, [assessment] results would be different.”

Others believed that certain assessment instruments, processes, or approaches, may not be a “good fit culturally” and, rather than helping to see the child, these approaches could be perceived as “racism - it makes us seem lesser than.” A few caregivers commented on how assessment often seems geared to be “more focused on protecting society rather than usefulness to youth” and can at times “be based on something with no relevance to our lives.” This was why we “need things from an Indigenous perspective.”

As with other elements of the assessment process, there was no one way to consider and incorporate culture and ceremony into assessment that would meet everyone's wants and needs. Some reported being engaged with their culture and some mentioned being distanced from their culture or not wishing to engage culturally. The differences in connections to their Indigeneity, emphasized again there is "no one size fits all" (Y & CG). One must understand and respect context and focus on facilitating a safe and secure working relationship to practice as a good relative. Both align with the importance of coming to truly see the youth.

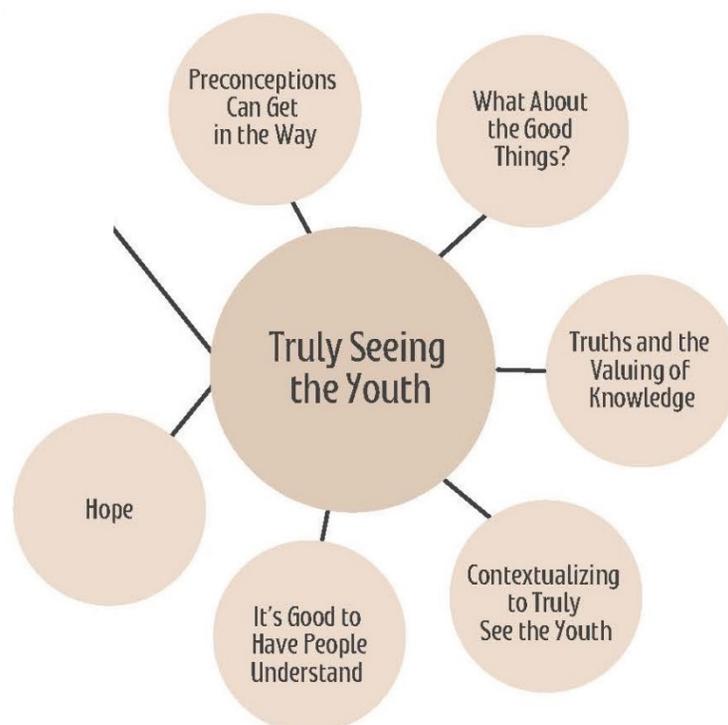
Truly Seeing the Youth

The need for the psychologist to truly see the youth was the third organizing theme. *Truly Seeing the Youth* meant that the psychologist approached assessment as a balanced and wholistic inquiry. Such balanced inquiry focused on both strengths and needs in a way that captured the complexity of the youth's experience. It created space for shared understandings and a hopeful path forward. One caregiver said, "I don't know that anyone saw the children. ... I need them to see my child first." One youth also reflected this sentiment,

Name and a story. That is what I stand by. ... It's so easy to judge someone, but to actually care and realize that someone else is a human, is to get that name and a story.

Who are they and why are they here?

Truly seeing the youth did not occur when, as one caregiver perceived, it was "just like we were a number, not seeing us as people, just another child." I explore the organizing theme of truly seeing the child through exploration of its six subthemes: *Preconceptions Can Get in the Way*, *What About the Good Things?*, *Truths and the Valuing of Knowledge*, *The Necessity of Contextualizing to Truly See the Youth*, *It's Good to Have People Understand*, and *Hope*. See Figure 4 below.

Figure 4*The Organizing Theme of Truly Seeing the Youth****Preconceptions Can Get in the Way***

One caregiver summarized, “People are complex... We all have complex needs.” The complexity of youths’ experiences led many caregivers to question psychologists’ preconceptions and biases. Here, I explore the subtheme of *Preconceptions Can Get in the Way*. Several caregivers spoke of how a “formulaic approach” based upon preconceptions of the youth, their functioning, and an uncontextualized overreliance on questionnaire results was not a good fit for them. This led to inaccurate conceptualizations of the youths. Another perceived that “testing [is] just an algorithm” wherein the psychologist is “seeing the human being as a construct” and “boxing everyone into a slot.” Some believed psychologists could come into the

assessment with predetermined ideas about the youths or the caregivers, “geared to certain answers,” with one caregiver noting that this “needs to change.”

Psychologists’ bias was mentioned as one element that could impact the assessment process, prevent the youth from being seen, and lead to harm. One caregiver shared that “during an assessment, Indigenous bias can occur ... and it disadvantages our children. ... It breaks my heart, and it makes me mad.” For instance, a psychologist providing “differential treatment of siblings” based on the siblings’ outward appearance of Indigeneity. Contrastingly, one youth spoke of how it was nice to engage with a psychologist who did not stereotype them, as their experience was that generally “people stereotype a lot.” The need for and appreciation when the psychologist took an unbiased and wholistic approach, including strengths, was clear.

What About the Good Things?

The importance of truly seeing the youth, and not just their deficits, was emphasized by youths and caregivers alike. The subtheme of *What About the Good Things?* included considerations about how language is used, how information is gathered and incorporated, test interpretation, and report writing. A wholistic approach including a focus on youth’s strengths and “gifts” (CG) was a necessary component of truly seeing the youth. As one caregiver said, “Assessment explores the limitations and also strengths - the focus needs to be on strength, but also knowing limits helps to know how things need to be done.”

Caregivers said, there must be “care in language,” and “I think we need to change the language. ... I shouldn’t say wrong - something is going on. I would rather say that: ‘Something is going on here. Let’s investigate.’” One said,

I need them to discern their weaknesses ... and come up with a plan to address the lagging skills. I need them to balance that with the strengths. I need my children to go

away feeling better and stronger about themselves. Not less than. That's what a good assessment does.

Another caregiver similarly reflected that psychologists should,

just really get to know their clients. And, because they're not just clients. They are human beings that are very strong, they have a lot of strengths and just beautiful culture and everything and that's part of the healing. It really is part of the healing.

Not truly seeing the youth and their gifts "can lead to confirmation of others' perceptions rather than the youths'," said one caregiver – particularly in risk assessment. When the assessment process does not facilitate this level of knowing and seeing of the youth,

It falls to the bottom of the cliff because you can't get to the top of the cliff in the first place and find out who is the person first of all. Where did she come from, what are her assets, what are her strengths? Let's look at those first. ... Who is this person, this human being? ... You have *got* to reinforce that. This is who you are: you are a flesh and blood human being, you are important to the world for yourself, and your aspirations are important. ... I mean the human quality has to be in there somewhere.

Several caregivers said that it was helpful to learn about "IQ" and test scores, as it was "helpful to know if [youth's] mental age is different from [their] chronological age." However, they also noted that this information should be contextualized with an understanding of strengths.

One explained,

This is coming from our traditional way of looking at our people. ... I think it is important that psychologists learn that language as well, if you are telling a parent or parents that their child has a low IQ, I think it's really important to know that ... but it just means that your child has strengths elsewhere.

To truly see the youth, several caregivers felt psychologists could inquire about elements of youths' lives that are sometimes left unexplored in assessment. For instance, "acknowledge[ing] the interconnection of physical, mental, environment, history, culture, relationships and family, and poverty." Importantly, strengths could be identified outside of the confines of traditional assessment instruments. For instance, survival or harm detection skills, or an interest in nature. Another added, "He does good in ceremony, what about the good things?" To most, wholistic assessment had or would have had a better chance of capturing the complexity of youths' experiences in psychologists' case conceptualizations and diagnostic decision-making.

Several caregivers touched upon the need for psychologists to carefully think about the potential impact of their words and questions. One caregiver said, "the mentality of our people is okay. Now you're telling me what's wrong or we're stupid. But our people survived and have health." Another said, "They made me feel ... like we weren't good enough to raise her with all the questions that they asked."

Some had to push for the psychologist to hear any positives. One said,

We had to work hard to ... find spaces where we could say this kid is great, they have all of this baggage, but we love them, they have all of this potential as well. So, *we* had to work to find the spots to put it in.

Caregivers wanted the psychologist to care enough to ask about the good things and identify youths' strengths so that they could be leveraged on a hopeful way forward.

Many youths also expressed appreciation for a balanced inquiry. For instance, "It was nice to talk about, how my head worked and how some things are different than others, and how it's just good to basically to say what I struggle with and have people understand." One youth

described assessment as learning about, “what makes me special, like a puzzle coming together.” They said assessment “helps you to ... learn about strengths and what might help ... [and to] find areas to excel at with a disability.” A youth said about “successes, there is always going to be something.” To many, having this balanced and wholistic outlook helped to validate youths’ and caregivers’ experiences, deepen understandings, and in some cases to reframe their experiences. To come to this outlook, the psychologist needed to have a balanced valuing of knowledge.

Truths and the Valuing of Knowledge

Although not labelling it as such, many caregivers spoke of how the psychologist valued information from their questionnaires and their own professional opinions over the contributions from the caregivers. Thus, *Truths and the Valuing of Knowledge* was identified as a subtheme related to the psychologists ability to truly see the youth. Several caregivers indicated problems with questionnaires, and “no checking in to see, do I have this right?”

Several caregivers found the use of “black and white questionnaires and questions” to be culturally ill-fitting. One caregiver spoke of how on questionnaires youths “can flag in a lot of things that were cultural,” meaning that the result “wasn’t accurate.” Psychologists “cannot just look at the numbers” (CG); instead, the psychologist should have an “understanding of ways of life,” including how there are “big differences from the Western world and on reserve” (CG).

One said, “Research of both worlds [is important] because we walk in both.” This quote fit with the idea of assessment as a form of research about one person – there is a need for an understanding of and representation from both worlds to be present in the inquiry. Another noted,

These standardized questionnaires, ... are not culturally based... [or relevant for rural contexts]. ... I dream to have an Indigenous group develop their own questionnaire to see

what is culturally relevant, meaningful, compared to those questionnaires, to our lived experience.

Caregivers wanted psychologists to accept and incorporate knowledge about ceremony and other forms of intervention that do not fit neatly into Western boxes as equally valuable information. For the psychologist not to be “flippant” about the information and knowledge shared outside of frequently used questionnaires.

Although some caregivers wanted to share about youths’ cultural engagement and healing, some found that psychologists were not receptive to it,

The lack of understanding right. ... I tried to explain to the psychologist ... advocating for this young man ... but it made no difference. ... He had family members; he had his support system in place, he was attending ceremonies, he was doing well, but then we had this assessment that said, ‘no, no’ ... we had this detrimental assessment that we had to mitigate.

One caregiver spoke of the importance of “building in that flexibility” so as not to view the assessment instrument results as ultimate “truths,”

You get this formula, ... and we are just like, holy crap! We are just surprised at what this assessment said, right? ... And not even saying how can we mitigate it, ... work to address it. ... It’s just, no, ‘this is the outcome, and this is the prognosis’ and yeah, not being used in a good way. ... And he was like, ‘Is there any way I can change that?’ ... So, it’s ... not having so much faith in those questionnaires and the formulas.

Caregivers spoke of the need to move away from an overreliance on a system of testing instruments, particularly questionnaires, created from one knowledge type that does not capture the totality of the youth. One said, “You are getting problems with the system itself because the

system believes in these marks, and they put them into a grid. ... You have got to get away from that somewhat.” This caregiver warned that this approach centred in the use of instruments and theories based on the “average” experience does not work for all youths, noting, “Danger: Don't believe the algorithm. Who are the people that made these tests? How do you take the concepts and use them? ... We need people who think outside the box.”

To youths and caregivers, the working relationship and the psychologists' understanding and respecting of context influenced the “truths” (CG), or the untruths, uncovered during the assessment process and the ability of the psychologist to truly see the youth. Caregivers emphasized how factors during the assessment process could lead to inaccurate estimations of youths' functioning. For instance, how fear and discomfort could prevent youths from asking clarifying questions and so their responses may inaccurately capture their experiences or processes. Several caregivers also indicated that youths and/or caregivers may provide literal responses to figurative questions, or their responses may also inaccurately suggest serious pathology rather than being interpreted as culturally relevant experiences (e.g., visions, communication with spirits). One caregiver emphasized, “psychologists don't know all. They must be willing to not believe in or go beyond the numbers.”

Regarding the need to go beyond the numbers and carefully contextualize assessment results to truly see the youth, one caregiver noted,

I think any kind of assessment process is vulnerable, of course, to user or administration error, and so the information, if it's not done in an intelligent and compassionate and responsive way can be a weapon instead of a tool. So, [psychologists] just have to be very careful

This caregiver said that the dynamics of the youth's approach in the assessment context is as, if not more, important than the numbers, also adding,

It's all so complex and that's why tests that just give us numbers. ... It used to be that you have a lot of specialized training before you could do cognitive assessment and I am alarmed that they don't have the same barriers on it now because ... psychological assessment ... [is] dangerous if it's done poorly. ... Any tool is at the mercy of its handler. So, if I have a saw, it can harm or it can build, and same with a hammer, and same with paint. ... And the tool is dependent on the user in what it creates. ... So, if we are not looking at the results of a tool in context, then we are not getting truth.

The Necessity of Contextualizing to Truly See the Youth

Many caregivers wished psychologists would take a more contextualized approach to assessment. When certain knowledge types and sources were valued over others, they felt this was a lost opportunity to contextualize knowledge. One caregiver said, "assessment provides information, not truth, not always. Or truth in the moment. But without context [it] isn't representative." This caregiver emphasized the importance of truly working with youth and caregivers to adequately contextualize information. In relation to truths and the valuing of knowledge, this subtheme explores *The Necessity of Contextualizing to Truly See the Youth*.

Contextualizing allowed for "situational based" understandings that include "that individual's role in society and role in their family" (CG). Context was particularly important to consider surrounding conceptualizations around risk, said one caregiver,

[Youth] are at risk because they have poverty, they have no familial connections, there is no one they can trust, and they live in situations that are always tentative. ... To do an assessment properly you would have to look at the environment of the youth.

Without context said one caregiver, “How can that be valid? ... It can be accurate as to that moment but not truthful as to who they are or their potential.” One emphasized: “We have to know the context the [youth] is coming from in order to assess respectfully.”

Without context, described a caregiver, assessment could be “dangerous. So, it's being looked at as, ‘What is wrong with these children?’ Well, what is wrong with the environment? What is wrong with opportunity? You know, all kinds of things.” Without contextualization, what the psychologist may be left examining is “an environmental impact.” A few caregivers shared how when context is inadequately incorporated, it could negatively impact the results of the assessment and youths’ subsequent access to services.

Several emphasized that psychologists should not take an overly individualized assessment approach. When an assessment was “too individualized,” caregivers found that it could inaccurately capture the youth’s functional level. One described that an overly individualized approach,

doesn’t really put into play or show or emphasize anything else that people around are doing ... it’s just this outside picture of the individual and the outside facts ... They are in a bubble that is not... shown or emphasized in a psychological report enough. I think it goes back to the reports not really focusing on the bigger picture.

It was difficult for context to be sufficiently gleaned when caregivers were minimally involved. This difficulty was magnified for those who had Children’s Services involvement.

Children’s Services involvement was associated with unique difficulties to contextualizing information about the youths, said several caregivers, particularly when they were excluded because they didn’t have guardianship. One contrasted assessment experience when they were and weren’t involved in the process. Of the latter, they shared,

Honestly, I can tell you that I don't know what his assessment was like. ... We were not told of any outcomes or what was discussed or how it was going. ... The social worker, though, was included because the social worker is the guardian. ... We felt like we're the ones that live with this kid day to day, you would think that they would tell us what is going on with him. ... It was kind of frustrating. ... I guess my biggest thing is that if the assessment is being ordered by social services that the caregivers would always be included.

Including others to sufficiently contextualize was prioritized by some caregivers so as not to catch youth in their "honeymoon phase." As described,

This is where I got that I was a lunatic with my daughter because they would see the honeymoon phase for days. ... I guess it would be nice to be able to assess individuals without that honeymoon phase, as it can "alter their scores" and can leave the psychologist without a comprehensive understanding of youth's functioning.

Although unhappy with the outcome the assessment of one of the youths in their care due to what they perceived as uncontextualized and inaccurate assessment, one caregiver said,

My hopes for her is that she would do it again because I foresee a lot of struggles and I think that is one of the things that came from the assessment is that we were doing too much, and it didn't give them a good idea of her functioning level.

This caregiver expressed frustration and disappointment about the psychologist's overestimation of the youth's uncontextualized abilities. They were disheartened to now have to wait until the youth was really struggling to hopefully reassess so that appropriate supports could be accessed. Thus, from some caregivers' perspectives, ecological information was key to contextualizing

formally collected information. Checking in with everyone about the accuracy of their understandings, and problem solving with the youth and their supports as a team would have led to more valid indications of functioning; thus, providing more useful information. In context of these considerations, they identified the potential for harmful practice when psychologists were not “checking in to see, ‘do I have this right?’”

Several caregivers and some youths spoke of the importance of the psychologist collaboratively checking in with them to ensure results were true to their experience. One caregiver said to

assess respectfully, ... a good assessment takes a snapshot of how [the youth is] doing, but only [they] can tell [the psychologist] if [they’ve] got the snapshot right. If it’s blurry or not... So again, if we are not exploring what the information brings us, we're not accurately assessing a person. We're just getting a score. And [psychologists] cannot ethically give direction based on a score. I don't believe that's right at all... cause they can hurt people.

Another emphasized. “I should have been able to see the report and [for them] to say, ‘Did I get this right?’”

Listening to and checking in with youth, caregivers, and other supports to ensure the psychologist obtains a “realistic view” (CG). Another caregiver contextualized, noting, “Now, not all parents are helpful in that. ... [Some] parents are interfering, and I understand that, but even their context is valuable.” They expanded to say,

Excluding the caregivers ... and blocking information ... is ridiculous. ... How dare they block information! ... It still happens. I have very passionate feelings about how disadvantaged our kids are ... but not allowing people to come together, as a team, and

advocate for... When there's an assessment done, they bring everybody in, ..., they check with everybody. That's how it should be.

Further emphasizing the importance of including others to sufficiently glean context, one caregiver said, "There's no child ... that is not part of their system. It's that simple. And there's no child that is not part of their cultural experience and their historic experience and their family context at that moment." An explorative systems approach is needed, described this caregiver,

We need to be willing to see children as individual entities connected to the others in their system. ... We have to see them in context also of their experiences. We have to understand that experiences can suppress truths and journeys can suppress presentation. ... So, [psychologists] need all of the pieces to address the puzzle. ... [With a] wider lens, [they] have to look at the system, gather information, do the collateral work ... and [they] have to check it out with the child or the parents to see if that's really what [they're] seeing.

Decision-making without checking in could lead to incorrect or ill-fitting formulations, and relational ruptures – thus, impacting the usefulness of the whole assessment process. Some caregivers perceived it to be helpful when the psychologist situated assessment as “teamwork” wherein the caregiver is an “ally” and the psychologist becomes “an invested part of the team, an invested part of our family, an invested part of the child.” From this space, they shared it was or would be helpful when the psychologist communicated and made collaborative decisions with the youths’ support team so that the assessment information could be of most benefit and use. Ultimately, caregivers wanted psychologist to respect them as experts on elements of youths’ experiences who could help contextualize. They noted that when caregivers could help contextualize in “partnership,” assessments “advanced ... children psychologically.” Practicing

as a good relative meant the psychologist was careful to avoid harms by inaccurately seeing the youth. Beneficial practice could occur when multiple knowledge types and sources were included, and information was contextualized to ensure the youth was truly seen and understood.

Youths had varying levels of caregiver involvement, though no youths expressed desire for more. Many of them said they guided decision-making around caregivers' level of involvement in their assessments. Several saw value in having caregivers involved. Some found it helpful for caregivers to be involved because they helped them to access subsequent supports. Others found it helpful because caregivers could hear and more deeply understand their experiences, which helped to shift caregiver perspectives, concepts I explore below.

It's Good to Have People Understand: Understandings and Considerations around Diagnosis

From contextualized spaces, youths and caregivers reported positive impacts of feeling understood. Youths mentioned how it felt "good to have people understand." In this subtheme, I explore considerations around understandings and considerations around diagnosis, opportunities for reframing, and the relief that may come with greater understanding.

Youths appreciated a deepening of understanding about themselves through the assessment process. One stated, "It was nice to know why I was feeling like that. ... Before I didn't understand." Another said, "It just felt kind of nice to know that I do have something. ... Before I thought I was kind of different because of the way I was acting, in the way I was feeling." There was relief knowing there were "people around me who didn't feel like that all the time." Another found that answering the questionnaires "helped me reflect. Think a bit more about my life." This youth found the process "helped [them] to understand why things are the way they are" and gave them a better "sense of it all." From there, youths could use this understanding to help them know "where I am going to work on things in my life."

Although they did not indicate it directly, the way some youths spoke of assessment suggested the importance of caregivers' involvement because it shifted their understandings of the youths. For instance, a few spoke of difficulties with their caregivers surrounding diagnostic considerations pre and post assessment. Some youth described how their caregivers referred to them derogatively with "blame" and as an "insult" around their perceived diagnosis, or blamed the youth for not meeting criteria for a diagnosis. Other difficulties youth experienced included caregivers disbelieving that the youth's mental health symptoms were significantly severe to support a diagnosis with comments such as "your sadness isn't for real."

Several youths spoke of how good it felt to have their experiences validated and to have their caregivers better understand them, whether that was through a diagnosis or failing to meet criteria for a diagnosis. One spoke of the impact of shifted caregiver understandings through the assessment,

I remember growing up [hearing], 'you fricking dumb kid. ... Why do you act like this? ... Can you just listen?' And I never really knew why. There were times when I wanted to, but I couldn't. ... Growing up I think I kinda knew I was different.

After the assessment, the youth said they confronted family members about how they were treated when they were younger saying,

It's like it took a piece of paper like a whole bunch of doctors and everybody for them to be, 'Okay, she does have it,' but I knew they knew that I was kind of different. That is the only thing that angered me.

This youth spoke of how difficult it was to go into their late teen years without having an assessment or diagnosis, although noting, "it's better now [and after the assessment] my relationship with my family, they are more understanding with me now." Another shared, "Even

my workers at the time, ... when they read over the thing, they were like, 'Oh, it makes sense.' ... So, it definitely, it helped me feel supported."

Caregivers also spoke of the benefit of deepened understandings of the youths, whether those came directly from the assessment, or they had to do that on their own post-assessment.

One said,

It helped us to develop a better understanding and awareness. But we had to do that. We weren't really guided by anybody, other than that assessment. To say, 'Okay what do we need to know about how to parent children with these diagnoses?'

Another shared a more direct impact being "just more of an understanding about them. And well, the older one was already old enough to do it himself, so he had a better understanding of himself I guess."

Caregivers also expressed how they benefitted from or would benefit from understanding and encouragement. One caregiver felt "that support of 'it's not your fault,' ... continual encouragement is nice to see." Another felt similarly, desiring statements such as "you have done everything you can. Everything you can is a good word because you know some things are not humanly possible. Yeah, like, 'Wow, with all these supports look how great she's doing - let's keep it going!'" They wanted to feel understood and encouraged, rather than "not good enough." Through this process, both youths and caregivers shared how reframed understandings of the youth led or could have led to positive outcomes. Part of understanding included considerations around complexity and labels.

A few youths and one caregiver noted that because "people are complex" (CG) assessment "should be for everyone," (Y) "not just for diagnosis" (CG) or risk assessment. Suggestions of how practice might be improved included one caregiver's thoughts on shifting to

“maybe more the importance of how this is a roadmap to your brain, to understand your child better ... because I think there is so much stigma about even getting assessed. ... I think that is the big one.” There were differences in perspectives about diagnosis, particularly between youths and caregivers, clearly relaying that there is “no one size fits all’ (Y & CG), and so there was a need to be as responsive to individual perspectives and needs as possible. At times diagnosis legitimized youths’ experiences to themselves or others, and at times not meeting criteria for a diagnosis could be similarly legitimizing of their experience.

Youths primarily spoke of how their diagnoses did not have a negative impact on them. Instead, diagnosis helped them to understand the way they learn and their experiences. They said, “I think the diagnosis was really helpful because I knew something was up ... and, just knowing that it’s not me overthinking about things,” and it “can be aligned with how you see and understand yourself.” Three youths spoke of how diagnosis was not a life changing event for them, with one saying, “I didn’t really take that much importance into it you know? Because I am still the same person, I have always been the way I am, and I am just unique like that, and I think it’s fine.” A few youths said finally naming their struggles helped caregivers and others to be more understanding of them.

Several youths and caregivers spoke of how understandings from an assessment and, in some cases, diagnosis, when it was appropriate or well-suited, could create space for intervention and support. One caregiver said, “I got a lot of support ... and tools.” Youths and caregivers found it helpful to know if the youths may qualify for supports such as Assured Income for the Severely Handicapped, or to know if they didn’t meet criteria to apply so they could make other plans moving forward. In addition to financial benefits, another youth spoke of how helpful it was to connect with a support worker post-assessment, stating “She helps me ... figure out where

I struggle in my life and what I need to do.” Youths said they “felt reassured to know there were supports ... out there.”

However, diagnosis did not always feel right. Some youths and caregivers also spoke of how some of the assessments were not adequately comprehensive to answer their questions or correctly conceptualize their experiences. For instance, one caregiver said that their referral question was not answered and instead the family was provided information about a diagnosis they were not querying. One youth who had multiple assessments across their lifetime found some of their assessments to be inadequately comprehensive, leaving them with a “misdiagnosis” or a “diagnosis [that] felt a little off.” This youth spoke of the importance of early comprehensive assessment as they went so many years without answers that felt right. This youth attributed the misdiagnosis to differences in psychologists’ competence in diagnosing, stating that some were “better at it” than others.

One caregiver saw benefit in reassessment, particularly because it can be difficult to diagnose youths who are continually maturing and who may experience notable functional changes throughout the pubescent years. They added,

But remember that’s intensive to do, and then what do you do with the results? ... What does it do for the individual? And how do you give the individual the wherewithal that they need to use that information for their benefit?

Others had different thoughts about reassessment; in one case, surrounding a subsequent query of FASD. Although seeing the youth’s first “functional assessment” as “definitely necessary,” of reassessment the caregiver said, “Not a chance. ... Pretty much if we were to put him through another psychological assessment, he would probably lose his mind and he would be very angry

and upset with us and it would really impact our relationship.” This caregiver decided not to push for further assessment because,

I don't think that is fair to him... We have [supports] set up for him, so why does he need anything else? ... I feel like it's too much stress to put on him ... he doesn't understand, and he just gets so angry. ... Just to have a piece of paper to say, 'It's confirmed you have FASD?'

Many youths and caregivers spoke of how the understandings, which came through the assessment helped them to reframe their thoughts about the youths. One shared how assessment was helpful in that it “can help to change expectations,” and shift their thoughts about the youths; for instance, from perceptions of “a bad kid” to one of a youth with unique needs. However, others noted that the possibility for reframing was not always taken. Several youths also described how assessment helped them reframe their thoughts about themselves. For instance, contextualizing their functioning in relation to trauma, and reframing thoughts such as I'm “dumb” “pestering” others, or “wasted space,” to “I need help” because “my brain is different.” They noted how assessment helped to “shut that voice up.”

School was another place youths mentioned reframes occurring. One said their diagnosis helped with teachers at school when the youth could say,

'You have to really slow down a little bit, ... I kind of need a little bit more help.' Then my teachers understand that everyone has different learning abilities, everybody learns at their own pace. That is the way they put it, and I like that.

A few caregivers spoke of similar reframes; for instance,

It was pretty tough for me, cause I figured he was just a bad kid. ... But I didn't realize ... he couldn't help himself. ... He'd tell me, 'I'm so dumb.' I'd tell him, 'It's not that

you're dumb, it's just that your brain is a little slower than the other kids ... you're just different.'

Other reframes occurred through assessment because a caregiver said it can help the adults understand that "[the youth's] mentality is not the same as chronological age." Another shared this sentiment and expanded, "so that explains a lot of what I am dealing with and where my frustrations can be alleviated." This could also help to reframe thoughts around the attainability of "hopes and dreams." A few caregivers also mentioned reframes around their perceptions of being at fault for youths' difficulties. One said,

It gives you that sense of peace. ... It helps us to not take things so personally. ... I guess that closure, it gives you that confidence that as a parent or caregiver that this isn't all my fault for not doing everything. And you kind of ease up on yourself as a person.

With shifts in understanding and reframes came relief said one caregiver,

It was kind of a big relief too. Knowing that something was not wrong with her, but that something was stopping her from learning. ... The previous school she went to, ... it was all it was her fault, ... they didn't try to help her out or anything. ... And [then the psychologist] assessed her ... and I was *so* relieved that I knew it wasn't my daughter. It was her way of thinking. ... It made *more* sense. I now understand her.

The relief that came with feeling understood and seen through the assessment was touched upon by youths and caregivers alike. As one youth explained,

I had all these little pieces of an equation, but he was able to put into the actual terms of this is why. ... And that is what helped me gain that better perspective, was finally having the answer to an equation. It was right in front of me the entire time, but I just needed someone else to help me with their little input and put it all together.

Another youth shared passionately,

I am loving talking about this because maybe all of this can help someone else and help them understand that there are bad things with the assessments, but I am one of those success stories where it actually made a difference. My eyes widened, I had more knowledge and understanding and felt relieved almost. ... So, I think the relief was that I didn't feel so blinded anymore. I feel like I have changed as a person and grown as a person with this assessment.

Surrounding the understandings and positive impact that one may come away with, a youth said,

It was just so insane to see how our brain actually works. And I think that was the biggest experience I had with the assessment, ... [it] made me learn more not only about myself but also made me learn how to start to forgive more and work through all of those traumas. ... There is a lot that I learned from that assessment that I didn't think I was going to get out of it. ... I think that it was actually what I needed to honestly keep growing as a person. ... Now, after the assessment, wow I love life! ... It was really, really beneficial going through the assessment and I came out a completely different person and with an even better perspective on things. ... The things I took from it changed my life, they did, ... [there was] such greatness behind what I went through doing it.

Youths and caregivers associated positive outcomes with deepened understandings as well as their perceptions around hope and potential for change moving forward.

Hope

Several youths and a few caregivers shared how they left the assessment process feeling hopeful, and several caregivers expressed their wish that they had left the process feeling more

hopeful. The subtheme of *Hope* touches upon deterministic predictions and the desire for psychologists to practice assessment in a way that sees potential for youth on their path forward.

One thing that got in the way of hope for several caregivers was negatively deterministic predictions. Caregivers had different expectations and experiences around the inclusion of predictive statements in reports and debriefs. A couple of caregivers wished that predictions of future difficulties had been included in the report. However, several caregivers and a few youths spoke of how they disliked negatively “deterministic” (CG) predictions in the reports and conversations with the psychologist. They would have preferred hopeful recommendations and predictions oriented towards the potential for change.

Although noting that assessment holds the potential to facilitate reframing and hope moving forward, one caregiver found that assessment may at times lead to “self-fulfilling prophec[ies]” for others accessing the report.

How will they use this information? Often as a self-fulfilling prophecy. They take what they want from the report. The workers have already made up their mind and psychologists just quantify their expectations. Self-fulfilling prophecy can also be positive, but how to get there? ... Who helps to achieve the next step?

This caregiver added,

It’s important to consider if the assessment has changed the workers’ perspectives. How to know if the assessment made things better or worse? Has the youth’s perspective changed? How? ... For some, an evaluation will not change perspective [when] the assessment is deterministic and not based on enrichment. Need to think about, how can evaluation change perspectives? Where does this change happen?

Several caregivers expressed distaste for negatively deterministic conclusions coming out of the assessment because it left little room for hope. The purpose should be “see[ing] their potential.” One caregiver spoke of receiving,

lots of dire predictions, like they are going to reach their educational potential at fourteen, and they are going to be sexually promiscuous, and I should put them on birth control when they enter puberty. ... How can you predict that? ... Don’t say that is going to happen. ... You know, they have how many years of growth and development, ... we don’t know what their potential is going to be. ... So, lots of dire predictions for the girls, but not, you know, to get them into therapy, nothing really about educational help. ... I don’t want to bring them if you are going to bring them down, right?

A youth similarly expressed dislike for assessment recommendations about them starting birth control when they were not sexually active. They found those recommendations to be irrelevant, ill fitting, and “almost as if manipulation.” A few caregivers spoke of the perceived inappropriateness of recommendations about birth control in assessments of female youths.

From a negative deterministic approach, one caregiver felt there was “nothing to explore potential for discovery.” Instead, caregivers spoke of the need to “focus on restorative factors, processes, and how to improve situations.” What was clear from youth and caregiver stories was that if anything was to be deterministic, it should be hope. Youths’ and caregivers’ perceptions of the impacts of assessment were connected to the presence or absence of the hope. One caregiver felt assessment “does not provide hope.” In relation to the potential for success and change post-assessment, another caregiver said,

The system is not set up to be responsive to these kids' needs. The system is set up as a betrayal. Kids believe there is hope in these assessments. When they only find out about their risk, it's stupid, it's betrayal because hope is taken away.

Most wished for hopeful action-based assessment practice focused on forward trajectory and growth. Seeing the potential for growth meant the youth was truly seen. One caregiver shared that they “would tell [others] to do [assessment]. I would share with them my experience... that [it] helped my daughter.” Another noted how assessment “sets the stage for intervention and advancement for youth,” and another identified assessment’s “potential to be a useful jumping off point.” One caregiver noted, “if done well, [it] can change their life.” A similar sentiment was reflected by youths’ descriptions of assessment as a “a steppingstone,” or “part of the recovery journey.” All youths found that their assessments had helped them in some way. A youth stated that through the assessment, they “were kind of collecting information ... on how to help me better myself which worked.” Another stated, “It kind of helped ... cause I’m doing pretty good. ... I never thought I’d get my own place again, and being in recovery or going through those assessments, I never thought I’d do any of that.” For many, there was a sense of accomplishment and pride in completing the assessment.

Truly seeing youth meant working in relationship, understanding and respecting context, and having a balanced and wholistic inquiry inclusive of both strengths and needs. This encompassed assessment practice as a good relative. From this form of inquiry, they wanted to know about potential and the possibility for change and growth. They wanted to leave the process feeling hopeful about the path forward – not less hopeful than when they entered.

Rather than crushing hopes, assessment can be “good in the sense it pointed out the potentiality of this individual” (CG). This lens of assessment geared towards positive steps

forward on one's path was reflected by a youth who said assessment gave them "a head start of where I'm going to begin my life. All these years of not knowing where to start or how, how to approach things." One caregiver said they left the assessment feeling that "they [the youth] still have a chance. ... I guess I'm still learning myself and my family is still learning." What was needed from one caregiver's perspective was assessment to guide "intervention that will advance the person." An important and hopeful consideration for one was that "we don't recover from trauma, but we can thrive, and we can be well, and we can move forward." This is where people wanted assessment to be situated, not as a "punitive" (CG) process leaving families without hope. Youths desire to "heal, to continue healing," said one caregiver. As one youth said, "assessment can give people hope, cure people, turn them into good guys."

Chapter Five: Discussion

A Framework for Practicing Assessment as a Good Relative

Assessment is a Western psychological practice introduced to the land known as Canada by settlers. Psychologists are to engage in tripartite evidence-based assessment practice based upon empirical evidence, clinical judgement, and the voices, preferences, cultures, and knowledge types of the individuals with whom they work (APA; 2006). Little evidence about Indigenous youth's and their caregivers' preferences in the assessment process exists (e.g., Ball, 2021), and it is critical that psychologists broaden their understandings of youth and caregiver preferences.

In this study, Indigenous youths and caregivers of Indigenous youths shared that there is no one common approach to nor outcome of assessment. However, assessment could profoundly impact their lives for the positive or the negative. Our co-created knowledge aligns with researchers' assertions that assessment can lead to benefits to youth and caregivers (Ball, 2021; Pei et al., 2013; Perkins et al., 2018; Tharinger et al., 2012) and/or can lead to harms (e.g., Ansloos et al., 2019; Aschieri, 2016; Ball, 2021; Bornstein & Hopwood, 2017; Matarazzo, 1990; Overmars, 2010).

In context of this co-created knowledge, assessment can be understood as an intervention that necessarily occurs within relationship. This expands on Pei and colleagues' (2013) conceptualization of assessment for initiation of intervention, to frame it *as* an intervention. The psychologist actively engages in a reciprocal working relationship with youth and caregivers to provide a service that significantly impacts them on their path moving forward. The fit of the approach and process for these youth and caregiver was key. With an understanding of assessment as an intervention centred in relationship, it is essential for psychologists to be aware

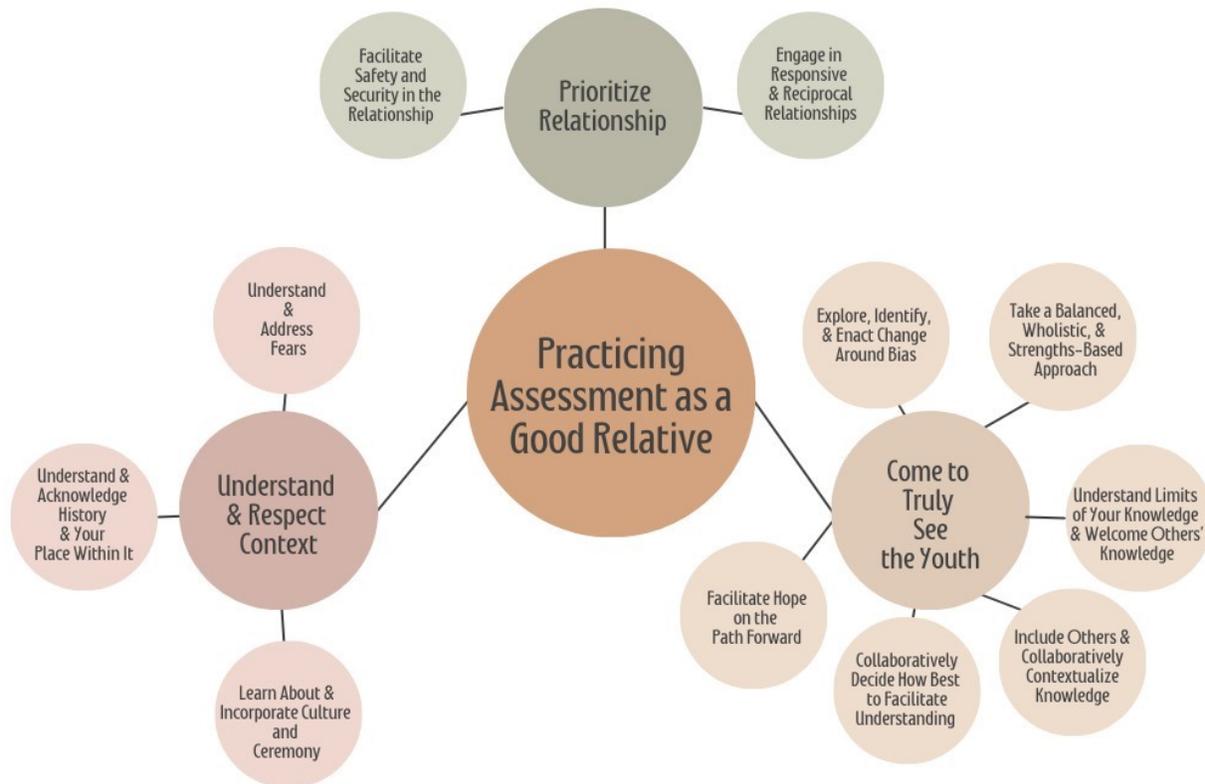
of factors related to positive and negative outcomes. Psychologists can incorporate this knowledge into a model of care that facilitates increasingly ethical and culturally safe assessment practice. Such practice would demonstrate support of the CPA's promise to move practice forward in a better way in alignment with the Truth and Reconciliation Commission's Calls to Action (TRC, 2015) and may help psychologists better meet the needs of Indigenous youth and their caregivers. This research contributes to the extant literature by offering evidence from the perspectives of youth and caregivers of how assessment practice can be done in a good way to help our Indigenous relatives.

In congruence with the visual depiction of the co-created knowledge from this research, I offer a framework that psychologists may use to guide their assessment practice as a good relative. This framework mirrors the co-created themes from this research quite precisely to centralize them rather than distilling them through further interpretation. Through this intentional approach, I put the youths' and caregivers' voices and our co-created themes into an actionable space for assessment practice. The framework for *Practicing Assessment as a Good Relative* is comprised of three critical and interrelated components that align with the organizing themes presented in Chapter 4. The three critical components are titled, *Prioritize Relationship*, *Understand and Respect Context*, and *Come to Truly See the Youth*. I introduce the visual for the framework below to guide the discussion. In each section dedicated to the critical components of this framework, I explore them in relation to existing literature, the ethical code, and standards of practice, and suggest implications for practice and training. The framework and implications for practice and training are presented this way to align with the co-created knowledge presented in Chapter Four. The components of the framework do not exist in isolation and are more fluid and

intersectional than this figure might suggest. Thus, recommendations are suggested where they fit best – at times resulting in some overlapping ideas between the components.

Practicing Assessment as a Good Relative

In this research, youths and caregivers emphasized that care is needed to ensure assessment is practiced in a good way that helps our relatives. This aligns with Ball's (2021) conversations with Indigenous caregivers who found assessment to be helpful when it was done in a good way. To youths and caregivers in this research, practicing as a good relative required a strong and secure working relationship, the psychologist to engage with youth and caregivers in a way that demonstrated understanding and respecting of context, and a wholistic, collaborative, and strengths- and hope-based approach to come to truly see the youth. Thus, I offer a framework for practicing assessment as a good relative, comprised of the three interrelated critical components, displayed in Figure 5. Next, I explore the concept of *Practicing Assessment as a Good Relative*.

Figure 5*A Framework for Practicing Assessment as a Good Relative*

Note: Stemming from the three critical components are actionable facets of practice psychologists can engage in to practice assessment as a good relative.

As shared by youths and caregivers, assessment needs to be done in a good way, centred above all in helping youth and their caregivers. As suggested by Gorth-Marnat (2009), different ways of approaching the assessment process differentially impacted assessment outcomes for youths and caregivers. The extent to which psychologists were perceived to practice as a good relative was intimately connected to outcomes. This research contributes evidence in response to Hunsley and Mash's (2007) call for increased assessment outcome research. It also provides

evidence of improved outcomes when psychologists practice assessment as a good relative. Contrastingly, the co-created knowledge also indicates that some psychologists are not practicing assessment as a good relative. Care is needed when engaging in assessment practice with Indigenous youth.

Practice as a good relative means engaging in assessment in a way that leads to the greatest benefit and least harm, thus, ethical practice. Canadian psychologists' code of ethics (CPA, 2017) and standards of practice in Alberta (College of Alberta Psychologists; CAP, 2023) have much overlap; however, the standards are enforceable by law, while the ethical code is primarily aspirational in nature. The CPA (2017) prioritizes in the code of ethics, in descending order: respect for dignity of persons and peoples, responsible caring, integrity in relationships, and responsibility to society.

Through the experiences of youths and caregivers in this study, wide variance can be seen in the practice of assessment. Undoubtedly, some psychologists are engaging in ethical and culturally safe assessment practice as a good relative. Unfortunately, some psychologists are continuing to engage in unethical, culturally unsafe, and harmful practice. Clearly, assessment practice can occur that contravenes tenets of the ethical code and several of the minimum standards of practice. This is problematic as in a caring profession, psychologists are to provide service of the utmost benefit and least harm to youth and their families. The knowledge co-created here suggests that there is room for growth in psychologists' assessment practice so that it aligns with the ethical code, standards of practice, and the CPA's promise in response to the TRC.

Practicing as a good relative means practicing within your competencies, as mandated by the College's standards of practice (CAP, 2023). The knowledge co-created in this research

suggests that some psychologists may be practicing outside of their competencies. That some psychologists are engaging in unsafe practice without taking time to establish rapport, safety, and security in the relationship strongly suggests they do not have the competencies to be practicing assessment with youth and their caregivers. This can lead to harm. Self-reflection is critical (Bourque Bearskin, 2011) to ensure psychologists are practicing within their competencies as a good relative to benefit youth and caregivers, in addition to regulation by the College.

Practicing as a good relative aligns with the ethical principle of responsible caring, wherein psychologists are to prioritize the best interests and wellbeing of service recipients. From youths' and caregivers' experiences in this research, although some psychologists practice in ways that youths and caregivers found beneficial, others are practicing in ways they found harmful. Creating an environment in which youth are scared, and persisting with an assessment despite significant fears, which impact youth's functioning and performance, is not responsible caring. To avoid and/or minimize any harms that might come to youth and their caregivers, assessment needs to occur within culturally safe, secure, responsive, and reciprocal relationships (Brendtro, 2006; CPA, 2018; Crowe-Salazar, 2007, Macfarlane et al., 2011).

Culturally safe practice is a relationally based, moral and ethical approach centred upon awareness of the self, the self in relation to others, and power in relation to society, economics, politics, and history (Bourque Bearskin 2011; Ramsden, 2002). Such awareness allows for culturally safe practice through embodiment, engagement, and mutual respect with deep considerations of power and the resultant creation of a safe space (Bourque Bearskin, 2011). Key to culturally safe practice are trust, safety, and self-determination in service by service recipients (Bourque Bearskin, 2011; Ramsden, 2002); service recipients, thus, are the ones who define culturally safe practice (Macfarlane et al., 2011). In none of the youths' or caregivers'

stories, did anyone say that an option was given to work with another psychologist, even when youths or caregivers clearly indicated that harm was occurring through their behaviours or requests. Responsible caring requires the psychologist to recognize the limits of their own expertise and seek consultation or referral when necessary. It is concerning that some may not be fully enacting this principle, as it can have negative consequences for youth and their families.

Relatedly, the College offers a guideline for working with Indigenous service recipients in culturally safe ways, encouraging psychologists to speak out about and provide feedback to their colleagues when they see the potential for harm or actual harms occurring (CAP; November, 2021b). Psychologists can increasingly hold one another accountable so that these harms do not continue to occur. That said, there is also importance in celebrating one another's strengths, in sharing knowledge with one another about how to do this work in a good way as a good relative. Constructive and celebrative feedback both help to keep psychologists accountable in their practice.

Another College guideline suggests that a core assessment competency is the ability to seek feedback about one's practice and evaluate outcomes (CAP; November, 2021a). The need for outcome monitoring is also touched upon in the ethical principles of responsible caring and responsibility to society. My review of the literature in combination with the knowledge co-created here strongly suggests that psychologists would benefit from further evidence to truly understand the impacts of their assessment practice with Indigenous youth and their caregivers. As the College suggests in a practice guideline (CAP; November, 2021b), only with feedback from Indigenous youth and their supports can psychologists know if they are practicing in culturally safe ways. Prioritizing cultural safety and cultural humility in practice necessitates reciprocal relationships based on understanding of the self and the other in context (Bourque

Bearskin, 2011; Abe, 2020). Increased process and outcome monitoring alongside reflective practice may help psychologists to continually improve their approaches to assessment.

Improvements in these regards would be beneficial, as few youths and caregivers said there was any follow up whatsoever to harmful practices or to check in to see how they benefitted, or not, from the assessment experience. Culturally humble practice necessitates checking in with the self and service recipients to reduce or eliminate power imbalances and increase the probability of mutually beneficial rather than oppressive approaches (Abe, 2020). In other words, taking an other-oriented relational approach to practice (Hook et al., 2013).

Psychologists would benefit from learning more from youth and caregivers about the conditions under which benefits are most likely to occur. This research provides some guiding evidence. Following questions such as those offered by Ball (2021) and exploring possible approaches with youth and caregivers may help facilitate ethical and culturally safe assessment practice as a good relative. These questions can be combined with assessment frameworks such as that offered here to guide assessment practice forward in a good way. The framework for practicing assessment as a good relative, presented in Figure 5, has three interrelated critical components. I explore each component and their implications for training and practice next.

Practicing Assessment as a Good Relative: Training and Practice Implications

To practice as a good relative, psychologists must be competent in their work. Psychologists in training would benefit from clear guidance on understanding their competencies and limits to align with the standard of practice requiring the provision of supportable service (CAP, 2023). They need to understand when to seek consultation and/or further training. As part of their continual professional development, practicing psychologists would benefit from reviewing their competencies to practice assessment with certain populations, and seek

consultation and training to ensure they are practicing within the limits of their training and experience. Concentrated efforts to understand the historical and ongoing impacts of colonialism on peoples, communities, institutions, and systems is a good place to start, as are ongoing continuing education and experiential learning opportunities to help increase psychologists' and psychologists in training's feelings of preparedness to do assessment work with Indigenous youth and their caregivers in a good way (Day, 2023; Robinson- Zañartu et al., 2023).

Practicing psychologists may also consider increasingly incorporating structured reflexivity into their work, in alignment with culturally safe and humble approaches to practice (Bourque Bearskin, 2011; Abe, 2020), monitoring their competencies and areas for growth throughout the year. They would benefit from clear understandings of how they are engaging in standards-aligned provision of supportable services (CAP, 2023), and how to know if they are not. Engaging in the ethical decision-making process (CPA, 2017) may help guide decisions around persisting with services or referring out.

Reflexivity underlies competent practice as a good relative. Culturally humble practice requires reflexivity and openness to critique to inform growth and change (Abe, 2020). Reflexivity may be improved when psychologists engage in discussions with others about their strengths and difficulties in practice. Training and practicing psychologists would benefit from having strong and diverse communities of practice. Having individuals and groups with whom they can consult offers a space to explore questions about competency and to learn from each other's challenges and innovations. Reflexive practice can also be strengthened when psychologists inquire about how youth and caregivers experience the assessment process. This would reflect cultural humility, as when the psychologist asks for their feedback, they are demonstrating respect for the autonomy of youth and caregivers as experts in their experience,

positioning their voices and experiences as central in importance (Abe, 2020). Gathering process and outcome evidence would allow psychologists better opportunities to understand the conditions under which assessment benefits youth and their caregivers.

Outcome and process monitoring allows psychologists to better understand the impacts of their work. When given the opportunity to share their expert knowledge, youth and caregivers may also help psychologists better understand their needs and psychologists' strengths, competencies, and areas for growth. Psychologists in assessment training would benefit from learning more about process and outcome monitoring in assessment, much as counselling programs prioritize instruction on outcome monitoring in therapy. Indeed, learning more from service recipients, and thus demonstrating cultural humility, has been associated with positive counselling outcomes (Hook et al., 2013; Owen et al., 2014, 2016). It may be that such an approach could similarly relate to positive assessment outcomes. Practicing psychologists may consider how they might increasingly incorporate process and outcome monitoring into their practice. Both psychologists in training and practicing psychologists may also consider contributing to the assessment process and outcome research literature base. Doing so would help strengthen the assessment literature, allowing psychologists to use this evidence to continually evolve assessment practice to best meet the needs of service recipients as called for almost 20 years ago by Hunsley and Mash (2007).

The benefit of inquiring about youth's, caregivers', and communities' preferences in assessment is that it facilitates opportunities for psychologists to demonstrate humility through flexibility in response to these preferences. This information may lead to shifts in practice to be increasingly culturally safe and guided in a tripartite evidence-based manner. This in turn, would likely improve understandings and impacts. Psychologists in training would benefit from

developing a comprehensive understanding of how to engage in increasingly responsive assessment service delivery with Indigenous youth and their caregivers. Current practitioners may find it helpful to evaluate and consult with others about their responsivity in practice, seeking learning opportunities to continually build on their responsive practice competencies with Indigenous youth and their caregivers. Such learnings would be specialized, immersive, and ongoing (Day, 2023; Robinson- Zañartu et al., 2023). These learning opportunities might include how to engage in increasingly relational assessment practice.

Prioritize Relationship in Assessment

In this research, youths and caregivers spoke of both the products and the process of assessment as identified by Cowger (1994). Youths and caregivers emphasized that the relational process was key throughout the assessment, as suggested by other researchers (e.g., Macfarlane et al., 2011; Perkins et al., 2018; Wright, 2011). They clearly prioritized relational practice; thus, a critical component of practicing assessment as a good relative was to *Prioritize Relationship*. Relational practice includes strong communicational and interpersonal skills, foundational competencies required to engage in responsible psychological practice (Jackson et al., 2012; Mihura et al., 2017). Relational practice included investing time to develop safe, trusting, and secure reciprocal relationships, and engaging with youths and their families in transparent, flexible, responsive, and trauma-informed ways. From this relational space, reciprocity in the relationship was or could be observed and youths and caregivers felt at ease and spoke of positive assessment impacts. When these elements were absent, assessment could lead to negative and harmful impacts. A strong and secure working relationship was a critical element of practicing assessment as a good relative. This knowledge is consistent with guidance for ethical and culturally safe practice and research with Indigenous peoples (e.g., Brendtro et al., 2006;

Janca & Bullen, 2003; Ninomiya & Polluk, 2017). Many facets of relational practice touched on by youths and caregivers also merit consideration in context of ethics and standards.

Under the ethical principle of respect and dignity of persons and peoples, psychologists are called upon to respect others' knowledge and values and engage in non-discriminatory practice. Such practice requires transparency to ensure fully informed and free consent is obtained in the working relationship. Interestingly, within the ethical code, the CPA notes that "obtaining informed consent is a process that involves *taking time* [emphasis added] to establish an *appropriate trusting relationship* [emphasis added] and to reach an agreement to work collaboratively" (2017, p. 14). Ultimately, Indigenous youths and caregivers shared through their stories that this tenet is not upheld in all psychologists' work, and that, because of this, harms continue to occur. Our co-created knowledge suggests that including youths and their caregivers in increasingly relational and open and transparent practice would move psychologists closer in alignment with this tenet in their assessment work.

The ethical principle of integrity in relationships also requires that psychologists be straightforward and open in obtaining ongoing consent to ensure it is fully informed. The knowledge shared here suggests that although some psychologists seem to be doing an excellent job in this regard, others are providing minimal information to youth and their caregivers prior to commencing and throughout an assessment. This needs to change so that youths and caregivers feel safe and secure in the working relationship and can make truly informed decisions about the fit of assessment, the psychologist, and the psychologist's approach for them.

Youth and their caregivers need to know what assessment is, how the psychologist intends to engage with them, the psychologist's philosophy of practice, and the potential benefits and risks involved, amongst other things. They must have the opportunity to ask questions and

have those questions answered. Other research has also demonstrated that assessment practices are occurring in the absence of informed consent, and that this can lead to harms (Ball, 2021). The standard of informed consent (CAP, 2023) states that the recipient of a service must be clearly informed about the purpose and nature of the service, limits to confidentiality, known benefits and risks, and be given alternatives to the service. Fully informed consent also requires the psychologist to tell youth and their caregivers that they can quit the process or request another psychologist at any time with no penalty to them. Any special considerations around Children's Services involvement should also be communicated to youth and caregivers. This consideration may be critical in practice with many Indigenous youth and their caregivers, as historically, assessment has contributed to the removal of many Indigenous youth from their families (Ball, 2021; McKenzie et al., 2016). Clearly this consideration is not being attended to for all youth and caregivers and is an area where psychologists may seek to improve their practice to facilitate greater trust, safety, and security in the working relationship.

In this research, working in relationship meant there was transparency in the process and good communication between the youth, caregivers, and the psychologist. As Ball (2021) also identified from conversations with caregivers, a good working relationship means that psychologists obtain informed consent for the assessment, in alignment with their standards of practice and code of ethics. It also means including caregivers so that they may explain what the assessment is and accompany the youth to the assessment. This was important because caregivers could introduce the child and psychologist so that the youth was less likely to perceive the psychologist as a stranger (Ball, 2021). This assertion aligns with our co-created knowledge, as youth were negatively impacted when relationship was insufficiently established, and the psychologist remained a relative stranger. Finally, Ball (2021) found that a good working

relationship culminates in the psychologist sharing information with caregivers, not leaving them without the opportunity for feedback following the assessment (Ball, 2021).

This perspective aligns with Johnson's (2007) findings wherein school psychologists and teachers described that effective psychoeducational assessment requires a psychologist to invest time, take a collaborative approach, and engage relationally. The effectiveness of this collaborative approach was centred upon trust and clear communication, in alignment with youths' and caregivers' perspectives in this research. Building trust and working relationally takes time and suggests the need for systems shifts to allow greater flexibility in time allocated for assessments. Indeed, Janca and Bullen (2003) emphasize that time spent can influence relationships and outcomes in mental health services with Indigenous peoples. They suggest that restricted time sessions may prevent relational and responsive practice that allows an Indigenous person to comfortably express themselves and include in the process people who are important to them. They suggest that beneficial and respectful practice requires openness and flexibility around time. The knowledge we co-created supports this assertion. Youths and caregivers wanted to know that the psychologist cared enough to invest the time to listen to and value their knowledge. They wanted the psychologist to get to know them and show relationship so that they could believe they were all working together for the betterment of the youths.

Youths' and caregivers' emphasis on relational practice is also consistent with psychotherapy, medical, and placebo research, which demonstrates strong and consistent support for the therapeutic/working alliance/relationship as a predictor of outcomes for both youth and adults (e.g., Flückiger et al., 2012; Graves et al., 2017; McLeod, 2011; Shirk et al., 2011; Wampold & Flückiger, 2023). Indeed, researchers posit that the working alliance is predictive of outcomes for anyone in a working relationship oriented towards change, where there is a person

seeking help and a helper (Bordin, 1979; Wampold & Flückiger, 2023). Clearly, for the youths and caregivers in this study, relational practice was essential and intimately tied to outcomes. Undoubtedly, through the practice of assessment, psychologists had intervened in the lives of the Indigenous youths and caregivers of Indigenous youths in powerful ways.

If assessment is understood as intervention, then it is no surprise that relational process-based factors would be related to outcomes or impacts. Given that such strong support for the working alliance exists, and that the importance of establishing rapport is indicated in most if not all test manuals prior to commencing assessment, it is surprising that relational practice does not seem to be central for all assessing psychologists. The College identifies that trust building is critical to good practice and their guidelines (CAP, November, 2021b) direct psychologists to assess and interpret the therapeutic alliance in relation to their practice. Understanding relational factors allows psychologists to respond to any elements which may be impacting a youth's performance during an assessment in culturally safe and humble ways. These understandings are to be incorporated into all facets of the assessment to avoid the occurrence of harms.

Under the standard of provision of supportable service (CAP, 2023), a psychologist must not provide a service when it may lead to harm and no benefit, and they must refer out if it is in the best interests of the client. In context of the knowledge co-created within this research, this standard is not always being adhered to. Some psychologists' assessment practice is not ethical nor trauma-informed, and it led to harms. In instances such as these, which contravene both the code of ethics and standards of practice, service should stop, and the psychologist can refer out. This responsibility should lie with the psychologist and not with the youth and caregivers, although they should also know about and be able to enact their right to report the psychologist and/or seek services elsewhere.

Altogether, youths and caregivers shared how elements of the assessment process such as the working relationship, or foundational competencies, do matter as Hunsley and Mash (2007) suggest. They warrant further investigation and attention in training programs and practice. Given the CPA's (2018) call for psychologists to do their work in a better way, psychologists would benefit from understanding that typical structures and approaches to assessment may not be a good fit for Indigenous youth and their families (Dingwall & Cairney, 2010; Fuji, 2018; Sheldon, 2001). Relational approaches are suggested when practicing assessment with Indigenous youth and caregivers (e.g., Brendtro et al., 2006; Fuji, 2018; Macfarlane et al., 2011). Incorporating guidelines, frameworks, and approaches outside of historical practice may be helpful (Brendtro et al., 2006; 2009; Finn, 2007).

Relationally based assessment may lean more closely toward tripartite evidence-based assessment practice centred in empirical literature, clinical judgement, *and* youth and caregiver preferences. Ultimately, by practicing in this way, psychologists may be more likely to provide a service of benefit, thus engaging in practice more closely aligned with the ethical code and standards of practice. A humble, safe, and open process (Abe, 2020) which commences and continues in relationship, with an explanation of assessment and responsive and collaborative flexibility throughout, would be a good place to start. In this research, such flexible and inclusive relational practice created a space within which the youths' in functioning could be understood in context.

Prioritize Relationship in Assessment: Training and Practice Implications

To practice as a good relative, psychologists prioritize the relationship, and *Facilitate Safety and Security in the Relationship* and *Engage in Responsive and Reciprocal Relationships*

as represented in Figure 5. Considerations of how relational practice can be incorporated into training and practice are explored below.

Facilitate Safety and Security in The Relationship

Youths and caregivers shared that they knew little about assessment going in and this was related to experiences of fear. Their stories also suggest that for many, much is unknown about their rights in context of assessment and there was a need to *Facilitate Safety and Security in the Relationship*. To bridge this gap, youths and caregivers gave suggestions about what might help them to be more comfortable in the assessment process, including pre-assessment meetings to help them make decisions about if, when, and with whom assessment would be a good fit for them. Psychologists who practiced with client-centred transparency throughout strengthened the working relationship and in doing so increased the probability of positive outcomes. This aligns with extensive research supporting the positive influence of the working relationship (e.g., Flückiger et al., 2012; Graves et al., 2017; McLeod, 2011; Shirk et al., 2011; Wampold & Flückiger, 2023).

Psychologists in training and practice may consider reviewing and adapting their guidelines to obtaining ongoing informed consent in the assessment process. They may consider creating publicly available resources for youth and their families and reviewing these resources with youth and caregivers prior to engaging in assessment practice. Having resources such as those outlined in *Appendix D: Knowing about Your Rights in Assessment* and *Appendix E: Questions You Might Ask to Help Decide if the Psychologist and Their Approach is a Good Fit for You* may be helpful for youths and caregivers in this regard. The resources in *Appendix D* and *E* are offered as outlines for youth and caregivers surrounding their rights in assessment and

questions they might ask to inform their assessment decision making. The information contained in these outlines stems from the co-created knowledge in this research.

The outlines of these resources may be adapted in partnership with communities to best suit their needs. As per guidance from the youths and caregivers in this research, consideration will need to be given around language and formatting of the resources. As with many other things, they shared that there is no one size fits all. After collaborative decision making about the final resources with communities, resources could be shared to help Indigenous youth and their caregivers find a psychologist who works in a way that makes them feel comfortable and safe. Ultimately, the use of such resources may help them to deepen their knowledge about assessment, and to make self-determined decisions that guide action to best meet their assessment needs. It would be beneficial for such resources to be widely accessible to youth and caregivers. They might be posted by CAP, the Psychologists' Association of Alberta, psychology offices, individual psychologists, and/or community organizations supporting wellbeing. Psychology training programs may also consider including such resources into their instructional materials.

Transparency is a good place to start relational assessment practice as a good relative. Transparency contributes to the development of safe and secure working relationships. To responsively align their practice with the CPA's promise, psychologists may wish to be increasingly open and inclusive of relational approaches in their practice when desired by youth and their caregivers. Such approaches are centred in safety, security, and responsiveness in a reciprocal relationship and would align with culturally safe and humble approaches to practice (Abe, 2020). Psychologists in training would likely benefit from instruction and supervision about how to engage in relational assessment practice to ensure they develop the competencies to

provide supportable service as required by the College's standards of practice (CAP, 2023). Such training would necessarily include foci of reflexivity in practice and process and outcome monitoring. Practicing psychologists may also benefit from increased attention to these facets of practice.

As Johnson (2007) and Pei and colleagues (2013) previously suggested, allocations for hours and funding may need to change to ensure psychologists have flexibility in their practice to best meet the needs of youth and their caregivers. This flexibility would increasingly allow psychologists to engage in relational assessment. Developing trust and building safe and secure working relationships takes time. Youth and caregivers may benefit from extended assessment relationships and multiple shorter sessions. Thus, systems considerations around time and funding are in order. Assessment training programs might also introduce or magnify these relational practice considerations and teach their students that historical approaches to assessment (e.g., rushing through long testing days) may not be a good fit for youth and their caregivers. Instead of continuing training as it's been done historically, educators are in a place to illuminate possibilities for innovation in assessment practice to best meet the needs of Indigenous youth and their caregivers.

Relational assessment is ethical and does not lead to harm. Yelling at youth and caregivers is unethical and harmful. Assessing youth as they scream, cry, and shake is unethical and harmful. Such practice contravenes the standards of practice and ethical code focused on the respect, safety, and dignity of people, and goes against the very nature of our profession: to understand and help others. Practice such as those described here does not permit the psychologist to do either and may instead lead to compromised assessment findings and harms.

We need to be sharing these stories, for these psychologists to be held accountable for their actions, and to insist that these practices change.

Engage In Responsive and Reciprocal Relationships

Reflexive and culturally safe practice require that psychologists be keenly aware of power differentials within the working relationship (Bourque Bearskin, 2011), requiring responsivity which then leads to reciprocity in the relationship. To ensure balanced power, psychologists can directly address youth's and caregivers' fears and work collaboratively to problem solve to best meet their needs. Without action to level power and a demonstration of respect of others' preferences and expertise, the assessment is unlikely to be meaningful, useful, or helpful to youth and caregivers. To practice as a good relative psychologists can demonstrate humility rather than arrogance and *Engage in Responsive and Reciprocal Relationships*.

To engage in ethical and culturally safe and humble practice, a psychologist ideally would be open as a learner about others' experiences, preferences, and expertise, they would be self aware which comes from engagement in self reflection and openness to criticism, and they would be open to supportive and reciprocally beneficial interpersonal relationships based upon contextual understandings of oppression and power, with a social justice orientation where applicable (Abe, 2020). A psychologist may strongly consider consultation and referring out if they are uncomfortable enacting such an approach in their work with Indigenous youth and their caregivers. They may also consider seeking out learning opportunities by engaging with communities, Elders, and Knowledge Keepers to broaden their understandings and responsively innovate in their practice. Training programs can also seek out and include these opportunities and teachings, to ensure students enter the workforce recognizing the importance of reflective relational practice in their work with Indigenous youth (Fellner, 2020).

When psychologists prioritize humility and relationship in practice, they orient themselves as learners. They are open to seeking feedback from service recipients about their practice of assessment individually and as a profession. Learning more from youth and caregivers through process and outcome monitoring and research would help to guide increasingly innovative, responsive, and safe assessment services to Indigenous youth. The profession would benefit from better understanding *how* to engage in the process in a way that will lead to the most benefit and least harm to youth and their caregivers (Jackson et al., 2012; Mihura et al., 2017). I suggest that a shift in training philosophy is needed for this to occur: a philosophy of assessment *as* intervention.

Training and practicing psychologists would benefit from reflecting upon how their philosophy to practice aligns with the knowledge co-created in this research, APA's tripartite evidence-based practice guidelines, CPA's (2018) promise to do work in a good way with Indigenous persons and peoples, and their responsibilities to engage in ethics- and standards-aligned practice. These reflections will hopefully guide psychologists in training and practice to increasingly enact and advocate for change. When practicing relationally as a good relative, psychologists create space for safe and secure working relationships. An interrelated component of such practice includes understanding and respecting context in the working relationship.

Understand and Respect Context in Assessment Practice with Indigenous Youth

To practice assessment as a good relative, youths and caregivers shared that psychologists must also *Understand and Respect Context*. This was the second critical component of good practice. Understandings needed to be responsively and respectfully acted upon in collaborative relational practice with Indigenous youth and their caregivers. Such respectful practice centred upon psychologists understanding that youth and caregivers may enter the assessment with fears

grounded in historical and current social contexts. Additionally, respectful practice based in understanding included engaging with youths and caregivers in culturally informed, inclusive, and safe ways. When psychologists demonstrated understanding and respect, youths and caregivers experienced or perceived there would be benefits. When they did not, it could get in the way of relational practice as a good relative to come to truly see the youth and could be associated with harms.

Understanding and respecting context meant that psychologists recognized that Indigenous youth and caregivers often do not enter the assessment process neutrally. Some may have significant and justifiable fears about the potential of being turned away from assessment, diagnosis and what it means for them and their families, and potential Children's Services involvement. When contextualizing these fears, it is important for the psychologist to remember that historical and current mental health practices and research may have contributed to these fears.

Caregivers expressed fears around Children's Services involvement because of a long history of removal of Indigenous youths from their families. Assessment has played and continues to play a role in the removal of many Indigenous youths from their homes (e.g., Ball, 2021; McKenzie et al., 2016). Ball (2021) cautions that an understanding of historical and current contexts is important in assessment and diagnostic considerations to ensure not to identify as problematic within the child the many contextual factors, including oppression, colonialism, and intergenerational trauma, that contribute to the youth's experience.

To practice in a respectful way, psychologists could demonstrate these understandings in their conceptualizations, feedback, and reports. Context is important, and key to culturally humble and safe assessment practice (Lui, 2022). As one caregiver shared, contextualization is

something missing from the practice of many assessing psychologists. Reflexive practice centred in an understanding of history and psychologists' place within it can help psychologists to better contextualize information in their assessment practice. This includes exploration of their own belief systems and biases in alignment with culturally humble practice (Abe, 2020). Such practice may also give space for psychologists to consider how culture, spirituality, ceremony, and different ways of knowing could be incorporated into the assessment process (Aschieri, 2016; Curtis et al., 2019; Fuji, 2018; Macfarlane, 2011; Matarazzo, 1990). In a practice guideline, the College also advocates for such an approach (CAP; November, 2021b). They speak to the necessity of a flexible and responsive assessment approach when working with Indigenous youth and their caregivers. From this stance, psychologists must be mindful of context and the potential for harm due to the theoretical underpinnings of all facets of assessment practice (Aschieri, 2016; Honos-Webb & Leitner, 2001; Overmars, 2010; Warrior's Path Task Force, 2020).

Youths and caregivers in this research shared how there is no one-size-fits-all assessment approach. This included the incorporation of culture and ceremony. However, many caregivers suggested that psychologists must have historical and cultural knowledge so that they can better contextualize information. Many caregivers wished for cultural knowledge and traditional ways to be incorporated into the assessment process. Although making clear that not everyone will be connected with their Indigenous culture or wish to engage in traditional ways, including ceremonial offerings, within the assessment context, several caregivers expressed that psychologists need to seek teachings about how to do this respectfully should youth and caregivers desire it. Ball (2021) similarly found that Elders prioritized culture's place in assessment, wishing that psychologists would be more inclusive in their investigations rather

than relying on standardized measures alone. Openness to learn about and include culture and ceremony, and other knowledge types as per the wishes of youth and caregivers may increase the probability that psychologists engage in assessment in culturally safe ways.

Understand and Respect Context in Assessment: Training and Practice Implications

To practice as a good relative, psychologists can prioritize understanding and respecting context. They may do so by engaging in the following actionable facets of practice: *Understand and Address Fears*, *Understand and Acknowledge History and Your Place within It*, and *Learn about and Incorporate Culture and Ceremony* as represented in Figure 5. Considerations of how psychologists may understand and respect context in training and practice are explored below.

Psychologists would benefit from understanding the historical and ongoing role their profession has had in the removal of Indigenous children from their families (Ball, 2021; McKenzie et al., 2016), in addition to other negative impacts of psychological research and practice. They can *Understand and Address Fears* youth and caregivers may have. They would also benefit from understanding their own personal role as a clinician and the connotations they may carry, at minimum, as a member of the psychology profession. Researchers have identified assessment as a purposive and political practice (Cowger, 1994; Maddux, 2008), guided by values, attitudes, and knowledge, all of which impact the assessment processes and products (Groth-Marnat, 2009; Mercer, 2011). Given this understanding, psychologists in training would benefit from instruction about the impacts their profession has had on Indigenous peoples and guidance about what actions they can take to shift practice in a good way (Day, 2023; Robinson-Zañartu et al., 2023). Practicing psychologists may benefit from similar learnings. As per the College (CAP; 2022), a minimum of four hours per year of professional development is to be dedicated to psychologists' growth in relation to truth and reconciliation in their practice.

Psychologists cannot expect that continuing to use historical approaches to assessment will lead to different results. Creating increased opportunities for learning may help to shift practice more rapidly. This would help psychologists *Understand and Acknowledge History and Their (Your) Place within It* in their work with youth and caregivers.

The awareness of historical and current happenings as well as their impacts on youth and caregivers can help psychologists engage in reflexive practice so as not to perpetuate past harms. This is important because youths' and caregivers' fears may prevent them from accessing assessment services in the first place or impact them throughout the assessment process. To address these fears, psychologists can make clear the circumstances under which Children's Services would become involved. This should occur at the commencement of service and throughout as necessary, as part of the informed consent process in alignment with ethics and standards of practice. Psychologists should clearly indicate how they would engage in with Children's Services should the need arise. When Children's Services are involved with youth and caregiver, it may be most helpful to take an inclusive team approach to assessment whenever possible. This may also help to alleviate fears and ensure that all relevant supports can share their knowledge and learn about how best to support the youth.

During the informed consent process, psychologists may also touch upon any fears surrounding diagnosis and access to supports. Psychologists should be open to conversations about the potential for diagnosing or not diagnosing with Indigenous youth and their caregivers to ensure they are engaging in practice that is meaningful, beneficial, and has the least risk of harms (e.g., Overmars, 2010). Nowhere in any standards or enforceable guidelines to practice does it say that assessing psychologists must diagnose a youth when diagnostic criteria are met. Collaborative decision making about how to best approach case conceptualization may be best,

demonstrating cultural humility (Lui, 2022). This may stem from understanding and welcoming of Indigenous conceptualizations of mental health and well-being and how these conceptualizations fit within the assessment process for youth and their caregivers (O’Keefe et al., 2022; Robinson- Zañartu et al., 2023), and clear and open conversations around the referral question, possible outcomes, and the psychologist’s philosophy to and approach in assessment prior to commencing the assessment (Ball, 2021). This allows youth and caregivers to determine what is best for them and may be considered best practice. Ultimately, this would reflect psychologists’ commitment to engaging in tripartite evidenced-based practice, balancing the knowledge and power of youth and their caregivers as experts around their needs (APA, 2006; Brendtro et al., 2006).

Training program curricula can be broadened to more comprehensively prepare Canadian psychologists to work with Indigenous person and peoples (Day, 2023; Robinson- Zañartu et al., 2023) in alignment with recommendations by the CPA (2018) and calls for the Indigenization of psychology (e.g., Fellner, 2020). In training programs, educators may encourage their students to reflect on the necessity of diagnosis in practice. They may encourage their students to engage in reflective practice around diagnosis, their approach to practice, and how their practice does and does not relay respect for the dignity of the persons and peoples with whom they work. When psychologists engage in such reflexivity, they may create greater space for innovation in training and practice to better meet the needs of Indigenous youth and their caregivers. Training and practicing psychologists may consider how to increasingly acknowledge history and their place within it with service recipients and in the reports they create. This actions the truth in truth and reconciliation. It also opens opportunities for reconceptualizations of wellbeing and imbalances

in being, with socio-cultural contextualization of influences (Lui, 2022). This may lead to increasingly reconciliatory action in assessment practice.

Many caregivers in this research suggested that understanding and respecting context requires psychologists to engage with community members, Knowledge Keepers and Elders around culture, ceremony, and collaborative support throughout the assessment process. Through such collaborative and reciprocal connections, psychologists could *Learn about and Incorporate Culture and Ceremony*, including local language, traditional ways and ceremonial offerings, knowledge, and ways of understanding youth and their well-being, into the assessment process as fits for each youth and caregiver. Not all youth and caregivers follow a traditional path. Thus, asking youth and caregivers if they want ceremony to be part of the assessment process and how they define ceremony is important. In addition to learning from community members, psychologists may consider incorporating guidelines and frameworks to further assist them in understanding, respecting, and incorporating culture and context in their assessment practice with Indigenous youth and caregivers (e.g., Macfarlane et al., 2011; Pitama, 2007; Okamoto et al., 2006; O’Keefe et al., 2022).

Training programs and practicing psychologists may expand their incorporation of and continue to create assessment instruments and processes to better serve Indigenous youth and their caregivers. They may also learn about and seek guidance on Indigenous led or centred guidelines and approaches to assessment that prioritize relationship, the valuing of multiple knowledge types, collaborative practice, and cultural safety (e.g., Ball, 2021; Brendtro, 2009; Brendtro et al., 2006; Eastern Door Centre, <https://www.easterndoor.ca/>), in addition to other assessment approaches that deviate from historical assessment training such as strengths based assessment (e.g., Park et al., 2004;), therapeutic assessment (e.g., Finn, 2007; Tharinger et al.,

2012), and/or transdiagnostic assessment (e.g., Boulton et al., 2021; Fisher & Boswell, 2016; Nolen-Hoeksema & Watkins, 2011).

Psychologists working with Indigenous youth and their caregivers must practice in a culturally safe way respectful of diverse ways of knowing so as not to perpetuate colonial harms (Bernett et al., 2023; Schroeder et al., 2023). This includes the understanding that ceremony is not a one size fits all – it is incredibly diverse, even within families and communities. As such, psychologists can ask youth and caregivers if and how they would like ceremony to enter the assessment process. When it is a good fit for youth and their caregivers, and psychologists invite culture and ceremony into the assessment process, they can help create a space where youth and their caregivers can share meaningful knowledge surrounding their understandings of wellbeing, understandings that may not be captured using typical assessment instruments (e.g., Aschieri, 2016; Dingwall & Cairney, 2010; Hill et al., 2010; Honos-Webb & Leitner, 2001; Mushquash & Bova, 2007; Overmars, 2010; Sheldon, 2001; Snowshoe et al., 2017; Tremblay et al., 2013). To engage in this form of work, it is important psychologists understand the history and theories underlying the development of assessment instruments and processes. From these understandings, they will recognize that the knowledge gained by these methods does not necessarily align with nor cover all areas of importance to Indigenous youths and their caregivers.

As youths and caregivers shared, relational and culturally safe assessment practice is responsive, inclusive, trauma-informed, based upon transparency, trust, and consistent actions to understand and remedy any practices associated with harm. Training and practicing psychologists would benefit from seeking more information about assessment preferences and impacts from the youth and caregivers with whom they work, Indigenous communities and their

members, Indigenous Knowledge Keepers and Elders, and from other available professional development opportunities.

Openness to learning and incorporation of this knowledge into practice would demonstrate responsiveness to the TRC's Calls to Action. Specifically, Action 22 states,

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. (TRC, 2012, p. 3)

Relational assessment practice may be one such shift that embraces Indigenous views of caring relationships in mental health services. Increasingly incorporating such learnings and shifts in practice would be a welcome change in training programs – for instance, centralizing relationality in training (e.g., Day, 2023).

In context of the knowledge co-created here and the few articles in which explore caregiver and other supports' perceptions of youth assessment (e.g., Ball, 2021; Pei et al., 2013; Tharinger et al., 2012), I echo the sentiment of others that pedagogical shifts are needed in the training of psychologists (e.g., Geerlings et al., 2018; Hunsley & Mash, 2007). This includes calls for Indigenization of courses tailored for those training to practice psychology in Canada, and the need for greater presence of Indigenous persons in academia and the health care professions (e.g., Ansloos et al., 2019; Ansloos et al., 2022; Bourgeault et al., 2019; Day, 2023; Fellner, 2020; Pepler & Martell, 2018; Robinson- Zañartu et al., 2023; Warrior's Path Task Force, 2020). This pedagogical shift may also include focused attention on the advancement of foundational competencies in assessment practice, an area that Mihura and colleagues (2017) argue has lacked in much graduate level psychology training.

Foundational competencies move beyond what psychologists do to a focus on *how* they do it; for instance, highlighting the psychologist's values, attitudes, and knowledge surrounding, ethics, science, relationships, and reflective and relational practice (Jackson et al., 2012). As several researchers have indicated, much less is known about how psychologists in-training are taught or develop foundational competencies (Beck et al., 2014; Bornstein & Hopwood, 2017; Iwanicki & Peterson, 2017; Mihura et al., 2017). Change is needed, as the knowledge co-created here suggests that some psychologists are missing foundational knowledge to guide their assessment work in a good way.

Importantly, youths and caregivers clearly expressed that assessing psychologists are not benign entities engaging in a benign service, although they may perceive it this way. Psychologists would benefit from understanding and respecting that youth and caregivers may be fearful coming into the assessment. Historical and current happenings justify these fears, and it is helpful when psychologists work in relationship to address them. Such respectful understanding helps psychologists to know that historical approaches to assessment may not meet their needs. When these considerations are attended to and responsively acted upon, the psychologist can use assessment to truly see and understand the whole youth within context and engage in the assessment process in a way that supports a helpful and hopeful way forward for them and their caregivers.

Come to Truly See the Youth in Assessment Practice

The third critical component of practicing as a good relative was the need for psychologists to *Come to Truly See the Youth*. Other researchers have also emphasized the need to come to truly see the youth (Ball, 2021; Pei et al., 2013). In alignment with the practice of cultural humility (Abe, 2020), truly seeing the youth in this research meant that the psychologist

needed to be aware of potential biases and preconceptions that could hinder good practice. Youths and caregivers wanted the assessment to occur in a more balanced and wholistic manner, inclusive of their strengths. For this to occur, the psychologist needed to value and incorporate knowledge shared by youths and caregivers. They cautioned that psychologists must be aware of the limits of their tests. They must go beyond quantified knowledge centred in one way of knowing to truly understand youth and their experiences. Such practice was collaborative and inclusive, including important supports in the process. Doing so was associated with increased feelings of safety and security and facilitated opportunities for the contextualization of knowledge.

This form of practice included checking in with youth and caregivers to ensure the psychologist had come to truly see and understand the youth in a respectful way that made sense to them. When they felt understood, whether this was through diagnosis or not, positive impacts were noted. Finally, assessments that not only included a focus on strengths, but that were balanced and inclusive of strengths were perceived as most beneficial. This preference aligns with other research indicating that caregivers perceive the greatest benefit from feedback and reports that were accessible, contextualized, hope-focused, strengths-based, and geared toward intervention and success (Cheramie et al., 2007; Gibbings & Knauss, 2015; Honos-Webb & Leitner, 2001; Klein et al., 2011; Pei et al., 2013; Perkins et al., 2018).

Psychologists' negative preconceptions and biases could get in the way of practicing as a good relative. Some caregivers indicated that psychologists' own biases or bias within systems, including psychology itself, prevented them from coming to truly see the youth. Researchers have also cautioned about the negative impact of biases in practice (Brendtro et al., 2012; Fellner et al., 2020; Macfarlane et al., 2011). According to the standards and ethical code, psychologists

should be making every effort to ensure bias is not unduly impacting their practice. The knowledge co-created here suggests that psychologists would benefit from continuing to improve the assessment process by ensuring that bias is not negatively impacting their practice.

The standard of diversity and cultural competency (CAP, 2023) and the ethical principle of respect for dignity of persons and peoples indicates that psychologists must not engage in prejudicial discrimination against persons or peoples because of any status they may occupy. The knowledge co-created here suggests that although some psychologists are practicing in respectful and culturally safe ways, there are also psychologists who are not. Differential treatment of youth based upon their outward appearance of Indigeneity, or conversely, not appearing to be to be Indigenous, is discriminatory. Diagnosing an Indigenous youth with FASD when the mother said she consumed no alcohol during the pregnancy is prejudiced. Disallowing the sharing of cultural knowledge to engender a wholistic understanding of a youth inclusive of multiple knowledge types is culturally biased. Psychologists can continue to improve their inclusivity of and respect for diverse perspectives. Hopefully, the recent mandating by the College of continuing education surrounding truth and reconciliation and practice with Indigenous persons will help psychologists to identify biases and move toward increasingly culturally safe practice.

Culturally safe assessment practice, according to youths and caregivers, is balanced and it serves the best interests of youth and their supports, rather than society. It does not only identify and plan to support youth around their struggles, but also focuses on their strengths. Coming to truly see youth did not mean a sole focus on symptoms and diagnosis, as is the focus in the medical model (Hunsley & Mash, 2007). Instead, they preferred a more balanced approach, inclusive of strengths and oriented towards hope. Youths and caregivers alike perceived benefits when they felt understood and truly seen. Harms were associated with practice where this did not

occur, for instance in deficit focused assessment wherein the psychologist paid little to no attention to the youths' strengths or their potential moving forward.

In conversations with Ball (2021), Elders also shared their desire to have youth's gifts feature more prominently in the assessment process. This desire aligns with more balanced and strengths-based approaches to assessment (Ball, 2021; Brendtro et al., 2006; Climie & Henley, 2016; Cox, 2006; Pei et al., 2013). As stated by a caregiver in this research, people are complex. No one can truly be understood and seen through an examination of their deficits alone. Everyone has strengths which can be celebrated and leveraged on the path forward (Park et al., 2004). If psychologists' reports are solely risk- and deficit-focused, and youths and/or caregivers find it necessary to engage in ceremony to release negativity and harms incurred through the assessment process, assessment is not benefitting them, and psychologists are not meeting the standard of provision of supportable service (CAP, 2023). The knowledge co-created here suggests that relationally responsive, collaborative, and contextualized practice is foundational to the provision of supportable assessment service with Indigenous youth and their caregivers.

A more balanced approach requires contextualization. Everyone comes to their difficulties and strengths through experience – understanding these contextual truths can help us to know how to move forward in a good way (Ball, 2021; Ball & Janyst, 2008). Without contextualizing results, psychologists risk perpetuating colonial narratives about Indigenous youth's functioning. Acknowledging historical as well as current contexts which contribute to a youth's state of being is where the truth in truth and reconciliation may occur in assessment practice. Considerations must also be given to the source of "truths" often presented in assessment reports.

The instruments and process of assessment warrant attention – how “truths” are explored (Ball, 2021; Mushquash & Bova, 2007). Some caregivers wished for Indigenous-made measures and for Indigenous perspectives to have a greater presence in the assessment inquiry. One concern was the use of “black and white” questionnaires which some felt were too deficit-focused and could be irrelevant to their contexts. This aligns with other researchers’ contentions about care of use of common standardized measures when working with Indigenous youth (e.g., Dauphinais & King, 1992; Dingwall & Cairney, 2010; Hill et al, 2010; Sheldon, 2001; Snowshoe et al., 2017; Tremblay et al., 2013). In a practice guideline, the College also cautions against overreliance on interpretive reports and scores, emphasizing the need for contextualized understandings including exploration of strengths and a focus on potential (CAP; November, 2021b).

Youths and caregivers similarly encouraged psychologists to go beyond the numbers and information provided by any assessment measure. They emphasized that psychologists should be checking in with them to see if they got things right – to demonstrate humility in practice. Brendtro and colleagues (2006) also remind assessors that youth perspectives need to be more comprehensively represented so that they do not continue to be the “missing experts” in the assessment process (p. 139). Mushquash and Bova (2007) share similar thoughts, suggesting the need for great care in test interpretation and for psychologists to be checking in with service recipients. Engaging in such collaborative, relational, and contextualized practice helps the psychologist to come to truly see the youth.

This critical component of practice as a good relative is interrelated with the critical component of understanding and respecting context. Cross-cultural considerations are in order when interpreting test results, so as not to incorrectly pathologize youth’s experiences

(Mushquash & Bova, 2007). This requires the psychologist to be open to other ways of knowing and other indicators of functioning and experience integral to understanding and coming to truly see a youth (Ball, 2021; Snowshoe et al., 2017). From this stance, a psychologist may also ensure to engage in reflexive practice (Macfarlane et al., 2011), evaluating for any biases that may be impacting their work.

As one caregiver said, assessment can be used as a weapon or a tool. Ball (2021) also touches upon this sentiment. To understand how best to use assessment as a tool rather than a weapon, psychologists must understand how youths and their caregivers experience it. It is critical that psychologists have good understandings of both the use of assessment instruments and how to best engage in the *processes* of assessment (Hunsley & Mash, 2007). Psychologists use assessment instruments to understand youths' strengths and needs; however, instruments do not necessarily capture whole or ultimate truths; when they are used within unsafe working relationships where rapport has been ill-established the instruments can be used dangerously and can perpetuate the very harms that Canadian psychologists have promised to avoid (Janca & Bullen, 2003; Mushquash & Bova, 2007).

Including tools and guidelines to practice developed by and/or for use with Indigenous youth may help the psychologist to practice as a good relative to come to truly see the youth. Some researchers have established ecological and Indigenous guidelines and models for assessment, some for use with youth (e.g., Brendtro, 2009; Brendtro et al., 2006; Freado & Van Bockern, 2010; Macfarlane et al., 2011; Okamoto et al., 2006; Pitama et al., 2007). Further initiatives include tools created or adapted for use with various Indigenous peoples (e.g., Ansloos et al., 2022; Dirks, 2016; Evidence Exchange Network, 2014; Glauser, 2020; Snowshoe et al., 2017; Thunderbird Partnership Foundation, 2015), including a measure of cultural connectedness

(Snowshoe et al., 2016), and guidelines or frameworks for various stages in the assessment process in bicultural settings (e.g., Fuji, 2018; King & Fletcher-Janzen, 2000; Macfarlane et al., 2011).

In alignment with the knowledge co-created here, researchers suggest multi-method approaches to assessment, including the gathering of qualitative, quantitative, cultural, and contextual information, the inclusion of the youth and other supports to contextualize information, and/or seeking information outside of that typically gathered using standardized tools (Ball, 2021; Mushquash & Bova, 2007). Such considerations align with standards of practice requiring psychologists to carefully consider the helpfulness, utility, and potential impacts of the assessment measures they use (CAP, 2023). As youths, caregivers, and researchers (e.g., Ball, 2021; Mushquash & Bova, 2007) suggest, typical assessment measures can provide useful information, though only when contextualized and interpreted with care.

As others have found (Pei et al., 2013; Johnson, 2007), good assessment practice necessitates the involvement of youth's supports as excellent sources of expert contextual knowledge. Contextualized understandings were key to truly seeing the youth. Youths and caregivers expressed appreciation when psychologists checked in to see if they "had things right." This approach to assessment led to more meaningful and helpful outcomes for youths and their supports. This suggests the critical role of humility in assessment practice. As one caregiver said in this research, psychologists are not all knowing. No one is.

The standard of collaborative practice (CAP, 2023) requires that psychologists clearly delineate their role and responsibilities in their provision of services based on the values and needs of youth and their caregivers. This requires engaging in positive and effective communication. Clearly, variation exists in psychologists' collaborative orientations. Youths and

caregivers shared that some psychologists prioritize shared understandings in their work and demonstrate humility by checking in to see if they've gotten things right. Others seem to be working from an authoritarian expert stance, with little checking in about the needs of youth and their caregivers or the accuracy or fit of their conclusions. This form of practice was associated with harms. Collaborative practice from a place of humility means that psychologists recognize that each person brings their own expertise to the process. Such a stance may lead to more culturally safe, contextualized, and beneficial assessment practice grounded in the purpose of truly seeing the youth (Ball, 2021).

When youths and caregivers felt truly seen, positive impacts were perceived. Many found that diagnostic exploration led to greater understanding, and they perceived diagnosis as helpful. However, some caregivers found that diagnosis could be harmful, particularly diagnoses such as oppositional defiant disorder. This diagnosis reminded some caregivers of settlers labeling Indigenous youth as bad in residential school. Others emphasized that an estimation of low cognitive functioning as measured by Western tests does not mean there is something wrong with the child. Rather, that their strengths were elsewhere. Collaborative conversations and decision-making about how best to facilitate understanding for each youth and their caregivers would be helpful.

Researchers such as Overmars (2010) have cautioned psychologists from engaging in diagnostic practice with Indigenous persons. In other research, caregivers also had varying perspectives regarding the debrief process and *how* information was delivered by the psychologist. They expressed the need for the psychologist to go beyond labeling with a diagnosis to provide more useful information and recommendations geared towards hope and growth on the path forward (Klein et al., 2011). This aligns with Ball's (2021) conversations with

community Elders who wished psychologists would increasingly explore culture, context, and gifts of the youth in assessment. This is the way to practice assessment as a good relative.

Through their assessment practice, psychologists have the potential to facilitate reframing and deepened understandings for youth and their supports. Some youths and caregivers spoke of how they wished assessment had happened earlier and or had been more comprehensive to better understand them. Pei and colleagues shared similar findings in their assessment research (2013). Youths and caregivers want to better understand their strengths and struggles. Through reframed understandings and hopeful recommendations geared toward the potential for change, assessment can benefit youth and their caregivers.

Assessment should serve to benefit youth and their supports above all, and it should leave them feeling hopeful. Intimately tied to outcomes for youths and caregivers in this research was the presence or absence of hope throughout and after the assessment process. As psychologists are to provide services with the greatest probability for benefit and the least probability for harm, those practicing assessment may wish to increasingly consider how they may foster hope in practice.

Hope is associated with a variety of positive mental and physical health and adjustment outcomes (e.g., Fraser et al, 2022; Hatala et al, 2017). Moreover, fostering hope amongst the caregivers of youth can influence their expectancies for youth, which also can impact youth's trajectories (Fraser et al., 2022). The opposite of hope is hopelessness which has been associated with negative health behaviours (e.g., Fraser et al, 2022). When psychologists practice assessment in a way that leaves youth or their families feeling hopeless, that they are not intervening as a good relative in a way likely to lead to positive benefits. Youths and caregivers perceived benefit, at times profound benefit, when they left the assessment process feeling

understood and oriented toward a hopeful path forward. This was observed for the youths and caregivers in this research, as well as in others' research (Climie & Henley, 2016; Cox, 2006; Klein et al., 2011; Pei et al., 2013). The potential for beneficial assessment practice exists when the right fit in process is there.

Come to Truly See the Youth: Training and Practice Implications

To practice as a good relative, psychologists must *Come to Truly See The Youth*. To do so they may engage in actionable facets of practice including, *Explore, Identify, and Enact Change around Bias; Take a Balanced, Wholistic, and Strengths-Based Approach; Understand Limits of Your Knowledge and Welcome Others' Knowledge; Include Others and Collaboratively Contextualize Knowledge; Collaboratively Decide How Best to Facilitate Understanding; and Facilitate Hope on the Path Forward* as represented in Figure 5. Considerations of how psychologists may learn about how to come to truly see the youth in training and practice are explored below.

The knowledge co-created in this research suggests that psychologists fall along a continuum of ethical and culturally safe assessment practice. Some are practicing as good relatives, resulting in benefits to Indigenous youth and their caregivers. Unfortunately, the knowledge co-created here also indicates that some psychologists are engaging in unsafe and harmful practice in addition to culturally unsafe practice. This is problematic as in a caring profession, psychologists are to provide service of the utmost benefit and least harm to youths and their caregivers. Ultimately, there is much room for growth in psychologists' assessment practice so that it is ethics and standards-aligned, and also aligned with their promise to Indigenous persons and peoples.

Relational assessment practice may be once such shift – recognizing the importance of and centring the relationship in explorations of functioning and intervention to support youth’s wellbeing. To be responsive, psychologists should be open to and inclusive of different knowledge types and approaches in their practice when desired by Indigenous youths and their caregivers. Youths and caregivers want psychologists and others to listen and to act responsively to their desire for assessment. Part of psychologists’ work may include advocacy efforts to make assessment more broadly accessible rather than reactionary when things have already progressed to a concerning level, messaging also espoused by Pei and colleagues (2013). As assessment is a costly endeavour not often covered under provincial health care, psychologists may continue to advocate that assessment be accepted and covered as a basic health care service.

It is important for psychologists to incorporate these considerations as they continue their professional development: by seeking information from the youth and caregivers with whom they work, from Indigenous communities and their members, from Indigenous Knowledge Keepers and Elders, and from other available professional development opportunities. I suggest that psychologists engage in relational and culturally safe practice if they are going to assess Indigenous youth. This includes responsive, inclusive, and trauma-informed approaches based upon transparency and the establishment of trust, as well as consistent actions to understand and remedy any practice associated with harmful impacts.

Relational and responsive practice requires humility in practice, not “arrogance.” It requires psychologists to *Understand Limits of Their (Your) Knowledge and Welcome Others’ Knowledge*. Psychologists are not all knowing and would benefit from welcoming and valuing others’ knowledge to collaboratively contextualize information. They can *Include Others and Collaboratively Contextualize Knowledge*. This is important in all contexts, and particularly

important when Children's Services is involved. Such relational engagement with others demonstrates psychologists' intentions as good relatives and increases the probability that youth and their caregivers will benefit from assessment work. This sentiment aligns with Ball's (2021) suggestions about how to practice assessment in a good way, and guidance on cultural humility in practice (e.g., Abe, 2020; Lui, 2022). To practice in a good way, psychologists need to be trained in a good way.

Training and practicing psychologists may benefit from learning about, incorporating, and seeking guidance on the use of Indigenous created instruments such as *the Native Wellness Assessment* (Thunderbird Partnership Foundation, 2015) and the *Cultural Connectedness Scale* (Snowshoe et al., 2017). They may also consider more regularly incorporating truly strengths-based approaches (e.g., Brendtro et al., 2006) and measures such as the *VIA Character Strengths Survey* (VIA Institute on Character, <https://www.viacharacter.org/>) to incorporate a balanced approach to seeing the youth as is desired by Elders (Ball, 2021). This would help them to *Take a Balanced, Wholistic, and Strengths-Based Approach*. Training programs could encourage students to explore the outcomes of these approaches and tools in their research and practice, and practicing psychologists might do the same. In addition, given longstanding concerns about the lack of Indigenous norms for many commonly used assessment tests, Canadian psychologists and test makers could make it a priority to create Indigenous norms for use in their practice. Considerations and collaborative decision-making around the fit of diagnosis for youth and their caregivers is similarly important.

The knowledge we co-created here suggests that for some youth, diagnosis may be helpful. However, for some it may be unhelpful or even harmful. Thus, as some researchers have suggested, the potential for harm through diagnosis does exist (e.g., Aschieri, 2016; Ball, 2021;

Crowe-Salazar, 2007; Honos-Webb & Leitner, 2001; Macfarlane et al., 2011; Overmars, 2010). These experiences suggest the need for psychologists to be checking in with youths and families about their conceptualization of mental health and wellness, and around the potential for benefit or harm surrounding diagnosis and diagnostic fit rather than assuming what the youth and caregivers want. They can *Collaboratively Decide How Best to Facilitate Understanding*. From this stance, the psychologist is not the ultimate holder of knowledge, and they understand that diagnosis is not the only purpose of assessment. A transdiagnostic approach to assessment (e.g., Dalgleish et al., 2020) may be a better fit for those youth and caregivers who do not align with diagnostic assessment.

No matter the approach agreed upon by the youth, caregivers, and psychologist, youths and caregivers want to leave the assessment process feeling hopeful. They want to see that the psychologist values them enough as human beings to see the potential for growth, change, and a hopeful way forward. Training programs and practicing psychologists may seek learnings to guide them in delivering debriefs and reports that are oriented towards hope. Key considerations include the evidence for the inclusion of negatively deterministic predictions in reports, how self-fulfilling prophecies might be addressed in practice, and using evidence to make recommendations to support rather than impede growth. Such messaging is meaningful, useful, and positively impactful to youth and caregivers. This demonstrates the practice of assessment as a good relative as psychologists can *Facilitate Hope on the Path Forward*.

Psychologists in training and practice would benefit from deepened learnings about alternative approaches to assessment practice and infusing relationality and reflexivity into their assessment practice to evaluate and work to remedy bias and prejudice in their field and their own practice. They can *Explore, Identify, and Enact Change around Bias*. Only with these

understandings, can they take the much-needed steps to provide services that are fair and as free from bias and prejudice as possible. Safety needs to be created to allow psychologists to freely explore factors which impact their integrity in assessment relationships and take action towards positive change. Formal training, supervision, and seeking knowledge from Knowledge Keepers, Elders, and community members may all be helpful to support this learning and exploration. Process and outcome monitoring in combination with reflective practice will help facilitate growth in psychologists' actualization of ethics and standards in assessment practice to better benefit Indigenous youth and their caregivers. These facets can be more heavily touched upon in training programs and incorporated into practicing psychologists' work.

Conclusion

In this research, several youths and caregivers shared how assessment is needed as a critical aid to deepen understandings when it is done in a good way. The knowledge we co-created suggests ways in which to do assessment work as a good relative. Psychologists would benefit from considering how they might incorporate this evidence and the accompanying framework to increasingly practice assessment as a good relative to ensure the greatest probability of benefit for youth and their caregivers.

Through this research, I respond to longstanding concerns about assessment impacts by co-creating knowledge with Indigenous youths and caregivers about their experiences of and preferences in assessment. This knowledge contributes to the youth- and family-based evidence around assessment processes and practices. This research is long overdue as relatively little research has explored youth's and caregivers' perspectives of assessment since the APA released their tripartite evidence-based practice guidelines 17 years ago, and the CPA's released their apology and promise for action eight years ago.

At present, psychologists have limited empirical evidence to guide their assessment practice with Indigenous youths and their families. Psychologists would benefit from hearing from Indigenous youths and caregivers of Indigenous youths to identify their assessment preferences, to understand the potential for benefit and harm in the practice of assessment, and to take reconciliatory steps to improve their practice. This research contributes evidence that may help psychologist enact this promise and contributes empirical evidence from the perspectives of youths and caregivers to guide psychologists in their tripartite evidence-based practice.

In the next steps of this research, I will share this co-created knowledge and the framework for practicing assessment as a good relative. My hope is that this knowledge will a) help Indigenous youth, their caregivers, and communities advocate for and access culturally safe assessment services, and b) help guide psychologists in good assessment practice with Indigenous youth and their caregivers.

The knowledge co-created here indicates that assessment can be practiced in a way that is harmful. However, assessment can also be practiced in a way that is helpful and encouraging to Indigenous youth and their caregivers. Ultimately, psychologists are accountable for learning about ways to engage in increasingly culturally safe assessment practice as a good relative. Such learning may encourage psychologists to advocate for and innovate to make change so that assessment practice is done in an ethical way, aligned with the CPA's promise to Indigenous persons and peoples.

Chapter Six: Final Reflections

Assessment is a process psychologists use to explore youth functioning to guide intervention (Pei et al., 2013). Currently, little research exists exploring youth and caregiver perceptions of the process and outcomes of assessment (e.g., Ball, 2021; Pei et al., 2013; Tharinger et al., 2012). Outside of consultation with the youth and caregivers with whom they work, psychologists have insufficient evidence to guide their work in a tripartite evidence-based manner as suggested by the American Psychological Association (APA; 2006). Deepened understandings of the assessment process and their relation to outcomes of assessment are critical, as researchers' longstanding concerns about the potential for harms to result from assessment have received minimal attention (e.g., Ansloos et al., 2019; Aschieri, 2016; Bornstein & Hopwood, 2017; Matarazzo, 1990).

Researchers have expressed concerns surrounding the potential for harmful outcomes in assessment practice with Indigenous persons and peoples, given the misalignment between the historical medicalized approach to assessment and Indigenous understandings of mental health (e.g., Aschieri, 2016; Honos-Webb & Leitner, 2001; Macfarlane et al., 2011; Overmars, 2010). In the one article I found, Ball (2021) spoke with early childhood educators and Indigenous parents, community leaders, and Elders about their perceptions of assessment. When done in a good way, Ball found that parents were in favour of assessment. Elders, however, shared how assessment could be problematic when it was deficit focused. Rather, preference was indicated for balanced and wholistic assessment which also explored the gifts of the child. Ball suggested that ethical assessment with Indigenous youth should be relational and culturally safe to ensure benefit and reduce the probability of resultant harms.

With the current state of the empirical literature, psychologists have little evidence from youth and caregiver perspectives to guide them in reconciliatory assessment practice with Indigenous persons and peoples so as not to perpetuate past harms. Psychologists would benefit from deepened understandings of Indigenous youth's and their caregivers' perspectives of assessment to guide assessment in a good way aligned with the Canadian Psychological Association's promise (CPA, 2018). In this dissertation, I co-created knowledge with Indigenous youths and caregivers of Indigenous youths about their perspectives of assessment in response to these concerns and this promise.

Community-engaged and contextualized approaches to research such as the one I used for this research can be particularly effective and applicable in the domain of applied research that can affect policy and practice (Braun & Clark, 2014; Lazenbatt & Elliott, 2005). This form of research is action oriented towards social change that can positively impact the lives of Indigenous youth and their caregivers. When done well, community-engaged and responsive research not only benefits the community but the rigour, relevance, and reach of science as well (Balazs & Morello, 2013).

Given the ongoing controversy surrounding assessment practice in context of the limited evidence base to guide psychologists in their assessment practice in general, and with Indigenous youth and their families in particular, this research was particularly timely. This research was action oriented toward psychological self-determination and in response to the CPA's (2018) statement of accountability for psychologists' unethical practice with, marginalization of, and harms done to Indigenous peoples and their promise to move forward in a better way. I provide a summary of this research below.

In the first chapter, I introduced the reader to this research and the context in which it occurred. In the second chapter, I described assessment, and explored the controversies surrounding it, and promising practices in assessment and assessment research with implications for research, training, and practice. I focused on methodology in the third chapter.

In the fourth chapter, I explored the knowledge co-created through qualitative interviews with the eight Indigenous youths and ten caregivers of Indigenous youths in this research. In their descriptions of and thoughts about the assessment process, youths and caregivers shared differences in how they experienced assessment, some positive and some negative. There was no one way of assessment, nor one common outcome. Assessment was neither inherently good nor bad, helpful nor unhelpful. Descriptions ranged from how assessment “can give people hope” to it being “traumatizing” or “devastating.” However, foundational concepts and broad themes were identified.

In the fourth chapter, youths and caregivers shared about the foundational importance of working in relation above all to “help our relatives.” Relational factors impacted youths’ and caregivers’ perceptions of the assessment process and its outcomes. They shared the need for psychologists to create safe and secure working relationships through transparent and client-centred information sharing. To do so, the psychologist needed to understand that they were a stranger to youth and their caregivers as they entered the assessment process. From this understanding, the psychologist needed to build trust through an investment of time. This included balancing power within the working relationship and never engaging in unethical and harmful practice such as yelling at youth or persisting with assessment as the youth shakes and cries. Through responsive relational practice, psychologists could demonstrate that they were

doing this work as a good relative in a safe way that benefitted Indigenous youths and their caregivers in the reciprocal working relationship.

They also emphasized the need for psychologists to practice in a way that demonstrated understanding and respecting of context. This included understanding that many experienced fears around assessment, contextualized within a historical understanding of the devastating impacts of colonialism on Indigenous peoples across the land known as Canada. In context of the impacts of colonialism, many caregivers also emphasized the importance of culture and ceremony and discussed how it would be beneficial to incorporate culture and ceremony into the assessment process. Through such an informed, respectful, and relational approach, the psychologist could come to truly see and understand the youth.

This theme centred upon shared and contextual understandings that occurred or would occur when psychologists were collaborative and inclusive in their approach. Youths and caregivers communicated the importance of listening and valuing their knowledge as experts on their experiences. This necessitated that the psychologist demonstrate humility by checking in with youths and caregivers to ensure that they had gotten things right and were engaging in assessment practice in a good way to truly see the youth and best meet their needs. Based on this co-created knowledge, in Chapter Five I introduced a framework for practicing assessment as a good relative, and explore relations to existing literature and implications for practice

Taken together, this research provides critical evidence from youths' and caregivers' perspectives about assessment to add to the empirical literature base; thus, contributing knowledge in response to parts one (i.e., empirical research) and three (i.e., service recipient preferences) of the tripartite evidence-based guidelines (APA, 2006). Psychologists can use this evidence to guide reconciliatory efforts in their assessment practice. This evidence can also be

used by Indigenous youth and their caregivers as they decide if assessment is right for them, and the fit of the psychologist and their approach should they decide to pursue it.

The knowledge co-created in this research suggests that psychologists fall along a continuum of ethical and culturally safe assessment practice. Some are practicing as good relatives, resulting in benefits to Indigenous youth and their caregivers. Unfortunately, the knowledge co-created here also indicates that some psychologists are engaging in culturally unsafe and harmful practice. This is problematic as in a caring profession, psychologists are to provide service of the utmost benefit and least harm. Ultimately, there is much room for growth in psychologists' assessment practice so that it is ethics and standards-aligned, and also aligned with the CPA's promise to Indigenous persons and peoples.

Relational assessment practice is a shift that embraces Indigenous views of caring relationships in explorations of functioning and intervention to support youth's wellbeing. This includes being open to and inclusive of different knowledge types and approaches in their practice when desired by Indigenous youths and their caregivers.

It is important for psychologists to incorporate these considerations as they continue their professional development, by seeking information from the youth and caregivers with whom they work, from Indigenous communities and their members, from Indigenous Knowledge Keepers and Elders, and from other available professional development opportunities. I suggest that psychologists need to be able to engage in relational and culturally safe practice if they are going to assess Indigenous youth. This includes responsive, inclusive, and trauma-informed practice based upon transparency and the establishment of trust, as well as consistent actions to understand and remedy any practice associated with harm.

Relational and responsive practice requires humility, not “arrogance.” Psychologists are not all knowing and would benefit from welcoming and valuing others’ knowledge to collaboratively contextualize information from their ways of knowing. Such relational engagement with others demonstrates psychologists’ intentions as good relatives and increases the probability that youth and their caregivers will benefit from assessment. This suggestion aligns with Ball’s (2021) exploration of adults supports’ perceptions of youth assessment, and guidelines about how to do assessment in a good way.

I echo the sentiment of others that call for pedagogical shifts in the training of psychologists (e.g., Geerlings et al., 2018; Hunsley & Mash, 2007). This includes calls for Indigenization of courses tailored for those training to practice psychology in Canada, and the need for greater presence of Indigenous persons in academia and the health care professions (e.g., Ansloos et al., 2019; Ansloos et al., 2022; Bourgeault et al., 2019; Fellner, 2020; Pepler & Martell, 2018; Warrior’s Path Task Force, 2020). This pedagogical shift may include focused attention on the advancement of foundational competencies in assessment practice, an area that Mihura and colleagues (2017) argue has lacked in much graduate level psychology training. This shift would help psychologists in training to deepen their foundational knowledge to guide their assessment work in a good way.

The knowledge we co-created also provides evidence which psychologists can incorporate into their training efforts and practice to better meet the needs of Indigenous youth and their caregivers. It is inadequate to apologize, and then continue to perpetuate harms through assessment. By incorporating this knowledge alongside the preferences communicated to psychologists with individual youth and their caregivers, psychologists will move closer to tripartite evidence-based, ethical and standards aligned reconciliatory practice. Psychologists

may consider incorporating promising practices introduced in Chapter Two and/or the framework for practicing assessment as a good relative, introduced in Chapter Five.

Sharing these stories publicly is important. We now have more empirical evidence to support researchers' comments that assessment has the potential to harm Indigenous youth and their families. However, youths and caregivers also shared that assessment can also be done in a good way and that's important to share as well. Ultimately, psychologists must hold one another accountable and engage in more reflective practice to offer relational and culturally safe practice as a good relative. Such practice will move them closer to ethical practice responsive to the legislated standards and Canadian psychologists' promise in response to the TRC's Calls to Action.

In the next steps of this research, I will collaborate with youths, caregivers, and partners from this research to create knowledge translation materials to share with Indigenous youth, and their caregivers and communities. The knowledge we co-created will help youth and caregivers to better understand and advocate for their rights and the facets of culturally safe assessment practice that may best meet their needs. It will also support psychologists to shift their policies and practice.

Considerations, Limitations, and Future Directions

To my knowledge, this is the first exploration of Indigenous youth's experiences of psychological assessment. Psychologists would benefit from further research to deepen their understandings of youth's perspectives on the process and impacts of assessment. Although this research may reflect experiences that those from other regions have had, this knowledge was co-created in the province of Alberta. As such, it may reflect some unique experiences to those within this geographic area. Youths and caregivers in this study lived both on and off reserve and

may reflect different perspectives across different community and geographic contexts.

Additionally, I spoke with youths aged 16-23 years, and as such the knowledge shared here may not reflect younger children's experiences. That said, some caregivers provided perspectives of assessment experiences when youths were younger and older. Furthermore, 40% of caregivers in this research identified as non-Indigenous, potentially bringing different viewpoints about the assessment process. Researchers may wish to expand the age range, seek further perspectives from Indigenous and non-Indigenous caregivers, , and differentially explore different forms of assessment to broaden the evidence base in future research.

In this research, the youths and caregivers were not dyads, except in one instance. Thus, they generally did not speak of the same experiences. Interviewing youths and caregivers as dyads may deepen these understandings or may reflect different elements of the assessment process, as may the inclusion of other supports such as case workers or the psychologists themselves. Researchers may find any of these paths intriguing for future research. Practicing psychologists may also find that having open and collaborative conversations with Indigenous youth and their caregivers may expand their understandings in these areas.

Finally, although I initially intended to engage in a more community-based participatory research (CBPR)-aligned approach, factors surrounding the COVID-19 pandemic prevented me from engaging with communities to the full extent I had planned. Such an approach facilitates greater community engagement, involvement, and direction. Although this work was centred in relationship, restrictions governed how we could engage in relationship. Future researchers may consider taking a more fully CBPR-aligned approach.

Final Reflections

Psychologists have practiced assessment for quite some time. Although they have worked diligently to create and investigate the instruments used in assessment, they have been much slower to understand the processes and outcomes of assessment. I hope this research contributes to the literature in a way that helps psychologists to continue to innovate in their assessment practice, to continue to explore and better understand how to engage in the assessment process in a good way, and to practice assessment as a good relative. I also hope that this knowledge helps our relatives, helps Indigenous youth and their caregivers to self-determine their assessment path in ways that bring them strength and hope.

As I engaged in this knowledge creation process, strong imagery of water kept coming to me. At first, I thought the water imagery was connected to youths' and caregivers' perceptions of and needs from assessment. I thought perhaps that assessment could be thought of as a flow of water, with the potential for calm and smooth flowing waters, for tumultuous rapids and spinning pools, or for points of stagnation where there was little movement. However, when I tried to envision these connections, it just wasn't fitting. One of my mentors suggested that the imagery of water may have been so strong for me because it was reflecting my personal experience on this journey. That felt fitting. There were ups and downs, smooth points and rushes, points where I felt I was pulled in so many directions such as in rapids, points where it felt like it was all spinning like a whirlpool, and parts where I felt stagnant and stuck. On this journey, I flowed like the water to where I needed to go.

Aligned with this imagery of water, this knowledge co-creation process was emotionally, spiritually, physically, and cognitively lifting and challenging for me. On this journey, I had times of struggle. Hearing about the terrible experiences some had with assessment was

heartbreaking. To know that there are people who are practicing assessment in the field of psychology, at its core a helping profession, and treating people in this way was, as one caregiver said, “devastating.” I engaged in deep reflections about our profession and the harms that have been and continue to be done to Indigenous persons and peoples. I went through many reactions that I experienced in all parts of my being, such as sadness, disgust, anger, and shame. I questioned my training, my practice, and my place as a storyteller for this research. I sat in these spaces and processed these experiences. I am grateful that the water continued to flow and helped me to move through those points.

I was so honoured to speak with each and every youth and caregiver in this research, and for those who shared stories with me around and outside of this research. I am grateful to all those past and present whose paths intertwined with mine and led to the co-creation of this knowledge that will make things better for those in the future. Throughout this journey there have been moments of pride, joy, and excitement, to know that assessment can be done in a good way, to see the profoundly positive impact it can have, and to know there are wonderful mentors of all kinds out there sharing their knowledge about how to do this work in a good way. There is no one way for all, though there are critical components that must be there for humanity to enter the assessment process so that it benefits our relatives and leaves them feeling hopeful.

Relationship is the ultimate foundation to doing assessment work as a good relative. When practicing as a good relative, the other pieces come into place and assessment can lead to wonderful things. Hearing messages such as that assessment can give hope, change perspectives, and intervene in someone’s life in such a positive way was inspiring and uplifting. Hearing youths’ and caregivers’ passion about this topic was similarly inspiring. I am honoured that they

shared their expert knowledge with me, and to have received such valuable guidance along this journey to help balance me during the more difficult times.

The guidance that supported me through this journey occurred through ceremony, supervision, consultation, and relationship. I couldn't have made it without these supports, connections, and relationships. All have helped me through, all have encouraged me to have trust in the process and all those and that which brought me to this point. All helped foster strength within me when it waned and to continue to maintain a hopeful orientation toward the possibility for change. By acknowledging truths and using this knowledge to guide us on the path forward, psychologists can make responsive and reconciliatory changes in their assessment practice to better meet the needs of youth and their caregivers.

After I sat with the water imagery and these reflections, the imagery that came to me surrounding the knowledge co-created with youths and caregivers about assessment was a seed and it's potential to flourish with the right care in the right contexts. Metaphorically, if a youth is conceptualized as a seed, psychologists see the potential for them to grow and flourish. Understanding and respecting context to truly see the youth could be understood as knowing about the seed and the plant it can grow to be. Knowing about the contexts within which the seed has thus been raised allows one to respond to that knowledge - to better understand how the environment might be adapted to help the seed and its plant to flourish. Is it drought resistant, has the soil been overworked, is it missing nutrients? What can be done to acknowledge and respond to this knowledge to support healthy growth? Only when one truly understands the nature of the seed and its plant, its current context, and contextual needs, can one intervene to help foster the best possible growth, to support that plant's flourishing.

Relational assessment practice could be understood as a critical component to promoting environmental factors that support the growth and flourishing seed, plant, or youth. Relational responsibility in the assessment milieu is akin to responsibility to seeds' needs for sun, water, and food. One needs to understand these necessary process factors to foster rather than stagnate youth's growth towards their full potential, and their caregivers' approach to supporting youth in that growth. Assessment can be thought of in that way – it can be done in ways that deters growth because of a lack of understanding of the necessary components to support strong and continued growth, or ways that support growth and flourishing.

I have learned so much. I was deeply moved and changed as person through this knowledge co-creation process. Through this process the importance of relationship in research and practice was magnified. I know that my reflections will continue to evolve as I move forward on this journey, and I am open to the learnings that will continue to come. I am hopeful for continual change and growth in me and in my profession. I hope the knowledge co-created here helps youth and their caregivers to follow the best path for them. I hope it encourages psychologists in training and those currently practicing assessment to reflect deeply on the potential impact of their work and to consider how they can continue to evolve their assessment practice as a good relative. I hope as a profession we continue to hold each other accountable and support one another as we strive to do this work in a better way, that we continue to advocate for and support change through connection and broadening of perspectives. Hearing these stories and incorporating this expert knowledge into our practice will lead to much needed innovation in assessment to ensure that assessment practice is helping our relatives. We must responsively adapt and innovate, and how wonderful is it that Indigenous youths and caregivers of Indigenous youths have shared their expert knowledge to guide one another and us on our path forward?

References

- Abe, J. (2020). Beyond cultural competence, toward social transformation: Liberation psychologies and the practice of cultural humility. *Journal of Social Work Education, 56*(4), 696-707. <https://doi.org/10.1080/10437797.2019.1661911>
- Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*(1), 1-33. [https://doi.org/10.1016/S0272-7358\(02\)00146-0](https://doi.org/10.1016/S0272-7358(02)00146-0)
- Albee, G. W. (2000). The Boulder model's fatal flaw. *American Psychologist, 55*(2), 247-248.
- American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., Text Revision). Author.
- American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *The American Psychologist, 61*(4), 271-285. <https://doi.org/10.1037/0003-066X.61.4.271>
- American Psychological Association. (2019a). Clinical Psychology. <https://www.apa.org/ed/graduate/specialize/clinical>
- American Psychological Association. (2019b). School Psychology. <https://www.apa.org/ed/graduate/specialize/school>
- Ansloos, J., Day, S., Peltier, S., Graham, H., Ferguson, A., Gabriel, M., ... & DuPré, L. (2022). Indigenization in clinical and counselling psychology curriculum in Canada: A framework for enhancing Indigenous education. *Canadian Psychology/Psychologie Canadienne, 63*(4), 545. <https://doi.org/10.1037/cap0000335>

- Ansloos, J., Stewart, S., Fellner, K., Goodwill, A., Graham, H., McCormick, R., ... & Mushquash, C. (2019). Indigenous peoples and professional training in psychology in Canada. *Canadian Psychology/Psychologie Canadienne*, 60(4), 265-280.
<http://dx.doi.org/10.1037/cap0000189>
- Aschieri, F. (2016). Shame as a cultural artifact: A call for self-awareness and reflexivity in personality assessment. *Journal of Personality Assessment*, 98(6), 567-575.
<http://dx.doi.org/10.1080/00223891.2016.1146289>
- Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, 1(3), 385-405.
<https://doi.org/10.1177/146879410100100307>
- Balazs, C. L., & Morello-Frosch, R. (2013). The three Rs: How community-based participatory research strengthens the rigor, relevance, and reach of science. *Environmental Justice*, 6(1), 9-16. <https://doi.org/10.1089/env.2012.0017>
- Ball, J. (2021, July). Finding fitting solutions to assessment of indigenous young children's learning and development: Do it in a good way. In *Frontiers in Education* (Vol. 6, p. 1-9).
<https://doi.org/10.3389/feduc.2021.696847>
- Ball, J., & Janyst, P. (2008). Enacting research ethics in partnerships with Indigenous communities in Canada: "Do it in a good way". *Journal of Empirical Research on Human Research Ethics*, 3(2), 33-51. <https://doi.org/10.1525/jer.2008.3.2.33>
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2, 331-340.
<http://dx.doi.org/10.1007/s13412-012-0086-8>

- Beck, J. G., Castonguay, L. G., Chronis-Tuscano, A., Klonsky, E. D., McGinn, L. K., & Youngstrom, E. A. (2014). Principles for training in evidence-based psychology: Recommendations for the graduate curricula in clinical psychology. *Clinical Psychology: Science and Practice, 21*, 410–424. <http://dx.doi.org/10.1111/cpsp.12079>
- Bernett, P., Spence, S., Wilson, C., Gurr, E., Zentner, D., & Wendt, D. C. (2023). Canadian School Psychology and Indigenous Peoples: Opportunities and Recommendations. *Canadian Journal of School Psychology, 38*(1), 10-29. <https://doi.org/10.1177/08295735231151281>
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*(3), 252-260. Retrieved from https://clinica.ispa.pt/ficheiros/areas_utilizador/user11/63._the_generalizability_of_the_psychoanalytic_concept_of_the_working_alliance.pdf
- Bornstein, R. F. (2017). Evidence-based psychological assessment. *Journal of Personality Assessment, 99*(4), 435-445 <https://doi.org/10.1080/00223891.2016.1236343>
- Bornstein, R. F., & Hopwood, C. J. (2017). Evidence-based assessment of interpersonal dependency. *Professional Psychology: Research and Practice, 48*(4), 251-258. <https://doi.org/10.1037/pro0000036>
- Boulton, K. A., Coghill, D., Silove, N., Pellicano, E., Whitehouse, A. J., Bellgrove, M. A., ... & Guastella, A. J. (2021). A national harmonised data collection network for neurodevelopmental disorders: A transdiagnostic assessment protocol for neurodevelopment, mental health, functioning and well-being. *JCPP Advances, 1*(4), e12048. <https://doi.org/10.1002/jcv2.12048>

- Bourgeault, I., Simkin, S., & Chamberland-Rowe, C. (2019). Poor health workforce planning is costly, risky, and inequitable. *Canadian Medical Association Journal*, *191*(42), E1147-E1148. <http://dx.doi.org/10.1503/cmaj.191241>
- Bourque Bearskin, R. L. (2011). A critical lens on culture in nursing practice. *Nursing Ethics*, *18*(4), 548-559. <https://doi.org/10.1177/0969733011408048>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2014). What can “thematic analysis” offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being*, *9*: 26152. <https://doi.org/10.3402/qhw.v9.26152>
- Brendtro, L. K. (2009). The circle of courage and RAP training: The evidence base. *Sioux Falls, SD: Circle of Courage Institute at Starr Commonwealth*.
<https://files.eric.ed.gov/fulltext/EJ1301374.pdf>
- Brendtro, L. K., Mitchell, M. L., Freado, M. D., & du Toit, L. (2012). The developments audit: From deficits to strengths. *Reclaiming Children and Youth*, *21*(1), 7-13.
- Brendtro, L. K., Toit, L. D., Bath, H., & Van Bockern, S. (2006). Developmental audits with challenging youth. *Reclaiming Children and Youth*, *15*(3), 138-146.
<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=7460f54a756e2742f45f2511633356ce0cc5bfb6>
- Brownlee, K., Rawana, J., Franks, J., Harper, J., Bajwa, J., O'Brien, E., & Clarkson, A. (2013). A systematic review of strengths and resilience outcome literature relevant to children and adolescents. *Child and Adolescent Social Work Journal*, *30*(5), 435-459.

- Butcher, J. N., & Hooley, J. M. (2018). *APA handbook of psychopathology: Psychopathology: Understanding, assessing, and treating adult mental disorders, Vol. 1*. American Psychological Association.
- Bullis, J. R., Boettcher, H., Sauer-Zavala, S., Farchione, T. J., & Barlow, D. H. (2019). What is an emotional disorder? A transdiagnostic mechanistic definition with implications for assessment, treatment, and prevention. *Clinical Psychology: Science and Practice, 26*(2), e12278. <https://doi.org/10.1111/cpsp.12278>
- Canadian Psychological Association (2017). *Canadian code of ethics for psychologists (4th ed.)*. Ottawa, ON: Author. https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- Canadian Psychological Association. (2018). *Psychology's response to the Truth and Reconciliation Commission of Canada's report*. https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf
- Chatwood, S., Paulette, F., Baker, R., Eriksen, A., Hansen, K. L., Eriksen, H., ... & Orbinski, J. (2015). Approaching Etuaptmumk—introducing a consensus-based mixed method for health services research. *International Journal of Circumpolar Health, 74*(1), 27438. <https://doi.org/10.3402/ijch.v74.27438>
- Cherame, G., Goodman, B., Santos, V., & Webb, E. (2007). Teacher perceptions of psychological reports submitted for emotional disturbance eligibility. *Journal of Education and Human Development, 1*(2), 1-8. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=2863a64d5f07600ad9d73160614a6ca59e5e1a4e>

Climie, E., & Henley, L. (2016). A renewed focus on strengths-based assessment in schools. *British Journal of Special Education*, 43(2), 108-121.

<https://doi.org/10.1111/1467-8578.12131>

College of Alberta Psychologists. (March 19, 2019). *Definitions: Branches of Psychology and Professional Activities*.

<https://www.cap.ab.ca/LinkClick.aspx?fileticket=dZmoYdFJKAI%3d&portalid=0>

College of Alberta Psychologists. (November, 2021a). *Practice Guideline: Psychological Assessment and Testing*.

https://www.cap.ab.ca/Portals/0/adam/Content/VJ7IO_ZKuUS_GH2OqV0dg/Link/Practice%20Guideline-%20Psychological%20Assessment%20and%20Testing%20final.pdf

College of Alberta Psychologists. (November, 2021b). *Practice Guideline; Working with Indigenous Populations and Communities: A Guide to Culturally Safe Practice and Humility*.

<https://www.cap.ab.ca/Portals/0/adam/Content/hBoa24UzV0qoTK43dmxH-Q/Link/Practice%20Guideline%20-%20Working%20with%20Indigenous%20Populations%20and%20Communities%20final.pdf>

College of Alberta Psychologists. (December 16, 2022). *Continuing Competence Program, Member Manual*.

https://www.cap.ab.ca/Portals/0/adam/Content/igD2YEw_OUGlOtWAQL5amQ/Link/2022%2012%2016%20CCP%20Manual%203.0-1.pdf

College of Alberta Psychologists. (May 31, 2023). *Standards of Practice*

[https://www.cap.ab.ca/Portals/0/adam/Content/ORAsvuTIC0KVeQqIV2EAxw/Link/Standards%20of%20Practice%20\(May%2031,%202023\).pdf](https://www.cap.ab.ca/Portals/0/adam/Content/ORAsvuTIC0KVeQqIV2EAxw/Link/Standards%20of%20Practice%20(May%2031,%202023).pdf)

- Cowger, C. D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work, 39*(3), 262-268.
- Cox, K. F. (2006). Investigating the impact of strength-based assessment on youth with emotional or behavioral disorders. *Journal of Child and Family Studies, 15*(3), 278-292. <https://doi.org/10.1007/s10826-006-9021-5>
- Crowe-Salazar, N. (2007). Exploring the experiences of an Elder, a psychologist and a psychiatrist: How can traditional practices and healers complement existing practices in mental health? *First Peoples Child & Family Review, 3*(4), 83-95. <https://doi.org/10.7202/1069378ar>
- 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*(1), 1-17. <https://doi.org/10.1186/s12939-019-1082-3>
- Dagleish, T., Black, M., Johnston, D., & Bevan, A. (2020). Transdiagnostic approaches to mental health problems: Current status and future directions. *Journal of Consulting and Clinical Psychology, 88*(3), 179-195. <http://dx.doi.org/10.1037/ccp0000482>
- Dauphinais, P., & King, J. (1992). Psychological assessment with American Indian children. *Applied and Preventive Psychology, 1*(2), 97-110. [https://doi.org/10.1016/S0962-1849\(05\)80150-7](https://doi.org/10.1016/S0962-1849(05)80150-7)
- Day, S. J. (2023). Collectively Dreaming Toward Indigenized School Psychology Education and Training. *Canadian Journal of School Psychology, 38*(1), 46-63. <https://doi.org/10.1177/08295735221146357>

- Dingwall, K. M., & Cairney, S. (2010). Psychological and cognitive assessment of Indigenous Australians. *Australian and New Zealand Journal of Psychiatry*, 44(1), 20-30.
<https://doi.org/10.3109/00048670903393670>
- Dirks, L. G. (2016). Indigenous Cultural Wellbeing Measures Literature Review.
https://arisepartnership.org/wp-content/uploads/2017/02/CITC_Cultural_Wellbeing_Measures_Review_Table_20160930_FINAL.pdf
- Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, 25(5), 443-455. <https://doi.org/10.1177/1744987119880234>
- Drawson, A. S., Toombs, E., & Mushquash, C. J. (2017). Indigenous research methods: A systematic review. *International Indigenous Policy Journal*, 8(2), 1-25.
<https://doi.org/10.18584/iipj.2017.8.2.5>
- Fassinger, R., & Morrow, S. L. (2013). Toward best practices in quantitative, qualitative, and mixed-method research: A social justice perspective. *Journal for Social Action in Counseling & Psychology*, 5(2), 69-83. Retrieved from bsu.edu
- Fellner, K. D., Ansloos, J., Ouellette, N. L., & Villebrun, G. D. (2020). Reconciling relations: Shifting counselling psychology to address truth and reconciliation. *Canadian Journal of Counselling and Psychotherapy*, 54(4), 638-660.
<https://doi.org/10.47634/cjcp.v54i4.70661>
- Finn, S. E. (2007). *In our clients' shoes: Theory and techniques of therapeutic assessment*. Erlbaum.

- Fisher, A. J., & Boswell, J. F. (2016). Enhancing the personalization of psychotherapy with dynamic assessment and modeling. *Assessment*, 23(4), 496-506.
<https://doi.org/10.1177/1073191116638735>
- Flückiger, C., Del Re, A. C., Wampold, B. E., Symonds, D., & Horvath, A. O. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology*, 59(1), 10-17. <https://doi.org/10.1037/a0025749>
- Fraser, A. M., Alexander, B. L., Abry, T., Sechler, C. M., & Fabes, R. A. (2022). Youth hope and educational contexts. *Routledge Encyclopedia of Education (online)*. Taylor & Francis.
https://www.researchgate.net/profile/Ashley-Fraser-2/publication/361374026_Youth_Hope_and_Educational_Contexts/links/63e3d2afc002331f72626bbc/Youth-Hope-and-Educational-Contexts.pdf
- Freado, M. D., & Van Bockern, S. (2010). Searching for Truth: Responsible Decision-Making with the Developmental Audit®. *Reclaiming Children and Youth*, 18(4), 18-21.
<https://www.proquest.com/docview/852771654?pq-origsite=gscholar&fromopenview=true>
- Fuji, D. E. (2018). Developing a cultural context for conducting a neuropsychological evaluation with a culturally diverse client: The ECLECTIC framework. *The Clinical Neuropsychologist*, 32(8), 1356-1392. <https://doi.org/10.1080/13854046.2018.1435826>
- Geerlings, L. R., Thompson, C. L., Bouma, R., & Hawkins, R. (2018). Cultural competence in clinical psychology training: A qualitative investigation of student and academic experiences. *Australian Psychologist*, 53(2), 161-170. <https://doi.org/10.1111/ap.12291>

- Gibbings, E. N., & Knauss, L. K. (2015). A Review of Wright, Conducting Psychological Assessment: A Guide for Practitioners. *Journal of Personality Assessment*, 97(3), 319-320. <https://doi.org/10.1080/00223891.2014.958611>
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.
- Gokiert, R. J., Georgis, R., Tremblay, M., Krishnan, V., Vandenberghe, C., & Lee, C. (2014). Evaluating the adequacy of social-emotional measures in early childhood. *Journal of Psychoeducational Assessment*, 32(5), 441-454. <https://doi.org/10.1177/0734282913516718>
- Gokiert, R. J., Willows, N. D., Georgis, R., Stringer, H., & Alexander Research Committee. (2017). Wâhkôhtowin: the governance of good community-academic research relationships to improve the health and well-being of children in Alexander First Nation. *International Indigenous Policy Journal*, 8(2). <https://doi.org/10.18584/iipj.2017.8.2.8>
- Graves, T. A., Tabri, N., Thompson-Brenner, H., Franko, D. L., Eddy, K. T., Bourion-Bedes, S., ... & Isserlin, L. (2017). A meta-analysis of the relation between therapeutic alliance and treatment outcome in eating disorders. *International Journal of Eating Disorders*, 50(4), 323-340. <https://doi.org/10.1002/eat.22672>
- Groth-Marnat, G. (2009). The five assessment issues you meet when you go to heaven. *Journal of Personality Assessment*, 91(4), 303-310. <https://doi.org/10.1080/00223890902935662>

- Hall, L., Dell, C. A., Fornssler, B., Hopkins, C., Mushquash, C., & Rowan, M. (2015). Research as cultural renewal: Applying two-eyed seeing in a research project about cultural interventions in First Nations addictions treatment. *International indigenous policy journal*, 6(2), 1-15. <https://doi:10.18584/iipj.2015.6.2.4>.
- Hatala, A. R., Pearl, T., Bird-Naytowhow, K., Judge, A., Sjoblom, E., & Liebenberg, L. (2017). “I have strong hopes for the future”: Time orientations and resilience among Canadian Indigenous youth. *Qualitative Health Research*, 27(9), 1330-1344. <https://doi.org/10.1177/1049732317712489>
- Hayes, S. C., Nelson, R. O., & Jarrett, R. B. (1987). The treatment utility of assessment: A functional approach to evaluating assessment quality. *American Psychologist*, 42(11), 963-974.
- Hill, J. S., Pace, T. M., & Robbins, R. R. (2010). Decolonizing personality assessment and honoring indigenous voices: A critical examination of the MMPI-2. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 16-25. <https://doi.org/10.1037/a0016110>
- Honos-Webb, L., & Leitner, L. M. (2001). How using the DSM causes damage: A client’s report. *Journal of Humanistic Psychology*, 41(4), 36-56. <https://doi.org/10.1177%2F0022167801414003>
- Hook, J., 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, 353–366. <https://doi.org/10.1037/a0032595>

- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*(1), 9-16. <https://doi.org/10.1037/a0022186>
- Hunsley, J., & Mash, E. J. (2007). Evidence-based assessment. *Annual Review of Clinical Psychology, 3*, 29-51. <https://doi.org/10.1093/oxfordhb/9780195366884.013.0005>
- Isler, M. R., & Corbie-Smith, G. (2012). Practical steps to community engaged research: from inputs to outcomes. *Journal of Law, Medicine & Ethics, 40*(4), 904-914. <https://doi.org/10.1111/j.1748-720X.2012.00719.x>
- Iwanicki, S., & Peterson, C. (2017). An exploratory study examining current assessment supervisory practices in professional psychology. *Journal of Personality Assessment, 99*(2), 165-174. <https://doi.org/10.1080/00223891.2016.1228068>
- Jackson, Y., Wu, Y. P., Aylward, B. S., & Roberts, M. C. (2012). Application of the competency cube model to clinical child psychology. *Professional Psychology: Research and Practice, 43*(5), 432-441. <https://doi.org/10.1037/a0030007>
- Janca, A., & Bullen, C. (2003). The Aboriginal concept of time and its mental health implications. *Australasian Psychiatry, 11*(1_suppl), S40-S44. <https://doi.org/10.1046/j.1038-5282.2003.02009>
- Jensen, P. S., & Hoagwood, K. (1997). The book of names: DSM-IV in context. *Development and Psychopathology, 9*(2), 231-249.
- Johnson, R. C. (2007). Attributes of effective psycho-educational assessment: Teachers' and school psychologists' perceptions [Doctoral Dissertation, University of Alberta]. *Library and Archives Canada*.

- Johnston, C., & Murray, C. (2003). Incremental validity in the psychological assessment of children and adolescents. *Psychological Assessment, 15*(4), 496-507.
<https://doi.org/10.1037/1040-3590.15.4.496>
- Joseph, S., & Linley, P. A. (2006). Positive psychology versus the medical model?: Comment. *American Psychologist, 61*(4), 332-333. <https://doi.org/10.1037/0003-066X.60.4.332>
- King, J., Fletcher-Janzen, E. (2000). Neuropsychological Assessment and Intervention with Native Americans. In: Fletcher-Janzen, E., Strickland, T.L., Reynolds, C.R. (eds) *Handbook of Cross-Cultural Neuropsychology. Critical Issues in Neuropsychology*. Springer. https://doi.org/10.1007/978-1-4615-4219-3_8
- Koster, R., Baccar, K., & Lemelin, R. H. (2012). Moving from research ON, to research WITH and FOR Indigenous communities: A critical reflection on community-based participatory research. *The Canadian Geographer, 56*(2), 195-210. Doi: <https://doi.org/10.1111/j.1541-0064.2012.00428.x>
- Lazenbatt, A., & Elliott, N. (2005). How to recognise a 'quality' grounded theory research study. *Australian Journal of Advanced Nursing, 22*(3), 48-52.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Lui, P. P. (2022). Whose Evidence? Enhancing Cultural Competency and Humility in Personality Assessment: Commentary on Krishnamurthy et al.(2022). *Journal of Personality Assessment, 104*(1), 19-22. <https://doi.org/10.1080/00223891.2021.2006674>
- Macfarlane, A., Blampied, N., & Macfarlane, S. (2011). Blending the clinical and the cultural: A framework for conducting formal psychological assessment in bicultural settings. *New Zealand Journal of Psychology, 40*(2), 5-15. <https://www.psychology.org.nz/journal-archive/NZJP-Macfarlane.pdf>

- Maddux, J. E. (2008). Positive psychology and the illness ideology: Toward a positive clinical psychology. *Applied Psychology, 57*, 54-70. <https://doi.org/10.1111/j.1464-0597.2008.00354.x>
- Mash, E. J., & Hunsley, J. (2005). Evidence-based assessment of child and adolescent disorders: Issues and challenges. *Journal of Clinical Child and Adolescent Psychology, 34*(3), 362-379. https://doi.org/10.1207/s15374424jccp3403_1
- Matarazzo, J. D. (1990). Psychological assessment versus psychological testing: Validation from Binet to the school, clinic, and courtroom. *American Psychologist, 45*(9), 999-1017. <https://doi.org/10.1037//0003-066X.45.9.999>
- Mayan, M. J. (2009). *Essentials of qualitative inquiry*. Left Coast Press, Inc.
- McKenzie, H. A., Varcoe, C., Browne, A. J., & Day, L. (2016). Disrupting the continuities among residential schools, the Sixties Scoop, and child welfare: An analysis of colonial and neocolonial discourses. *The International Indigenous Policy Journal, 7*(2) 1-24. <https://doi.org/10.3389/feduc.2021.696847>
- McLeod, B. D. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review, 31*(4), 603-616. <https://doi.org/10.1016/j.cpr.2011.02.001>
- Mercer, B. L. (2011). Psychological assessment of children in a community mental health clinic. *Journal of Personality Assessment, 93*(1), 1-6. <https://doi.org/10.1080/00223891.2011.528741>
- Mihura, J. L., Roy, M., & Graceffo, R. A. (2017). Psychological assessment training in clinical psychology doctoral programs. *Journal of Personality Assessment, 99*(2), 153-164. <https://doi.org/10.1080/00223891.2016.1201978>

- Mills, J., Bonner, A., & Francis, K. (2006). Adopting a constructivist approach to grounded theory: Implications for research design. *International Journal of Nursing Practice, 12*(1), 8-13. <https://doi.org/10.1111/j.1440-172X.2006.00543.x>
- Mohatt, N. V., Fok, C. C. T., Burket, R., Henry, D., & Allen, J. (2011). Assessment of awareness of connectedness as a culturally-based protective factor for Alaska native youth. *Cultural Diversity and Ethnic Minority Psychology, 17*(4), 444-455.
- Morse, G. S., McIntyre, J. G., & King, J. (2016). Positive psychology in American Indians. In E. C. H. Chang, C. A. Downey, J. K. Hirsch, & N. J. Lin (Eds.), *Positive psychology in racial and ethnic groups: Theory, research, and practice* (pp. 109-128). American Psychological Association.
- Mushquash, C. J., & Bova, D. L. (2007). Cross-cultural assessment and measurement issues. *Journal on Developmental Disabilities, 13*(1), 53-65.
https://www.researchgate.net/profile/Christopher-Mushquash/publication/228344052_Cross-cultural_assessment_and_measurement_issues/links/0912f508ffdf6025ea000000/Cross-cultural-assessment-and-measurement-issues.pdf?sg%5B0%5D=started_experiment_milestone&origin=journalDetail
- Ninomiya, M. E. M., & Pollock, N. J. (2017). Reconciling community-based Indigenous research and academic practices: Knowing principles is not always enough. *Social Science & Medicine, 172*, 28-36. <https://doi.org/10.1016/j.socscimed.2016.11.007>

- Nolen-Hoeksema, S., & Watkins, E. R. (2011). A heuristic for developing transdiagnostic models of psychopathology: Explaining multifinality and divergent trajectories. *Perspectives On Psychological Science*, 6(6), 589-609.
<https://doi.org/10.1177/1745691611419672>
- Okamoto, S. K., LeCroy, C. W., Tann, S. S., Rayle, A. D., Kulis, S., Dustman, P., & Berceci, D. (2006). The implications of ecologically based assessment for primary prevention with indigenous youth populations. *Journal of Primary Prevention*, 27(2), 155-170.
<https://doi.org/10.1007/s10935-005-0016-6>
- Overmars, D. (2010). Diagnosis as a naming ceremony: Caution warranted in use of the DSM-IV with Canadian Aboriginal peoples. *First Peoples Child & Family Review*, 5(1), 78-85.
<https://doi.org/10.7202/1069064ar>
- O'Keefe, V. M., Fish, J., Maudrie, T. L., Hunter, A. M., Tai Rakena, H. G., Ullrich, J. S., ... & Barlow, A. (2022). Centering Indigenous Knowledges and worldviews: Applying the Indigenist ecological systems model to youth mental health and wellness research and programs. *International journal of environmental research and public health*, 19(10), 6271. <https://doi.org/10.3390/ijerph19106271>
- Owen, J., Jordan, T. A., Turner, D., Davis, D. E., Hook, J. N., & Leach, M. (2014). Therapists' multicultural orientation: Client perceptions of cultural humility, spiritual/religious commitment, and therapy outcomes. *Journal of Psychology and Theology*, 42, 91-98.
<https://doi.org/10.1037/pro0000046>

- Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice*, 47, 30–37.
<https://doi.org/10.1037/pro0000046>
- Park, N., Peterson, C., & Seligman, M. E. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23(5), 603-619.
- Pei, J., Job, J. M., Poth, C., & Atkinson, E. (2013). Assessment for intervention of children with fetal alcohol spectrum disorders: Perspectives of classroom teachers, administrators, caregivers, and allied professionals. *Psychology*, 4(03), 325-334.
<https://doi.org/10.4236/psych.2013.43A047>
- Pepler, E., & Martell, R. C. (2019, January). Indigenous model of care to health and social care workforce planning. In *Healthcare Management Forum*, (Vol. 32, No. 1, pp. 32-39). Sage. <https://doi.org/10.1177/0840470418809105>
- Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: A systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.
<https://doi.org/10.1037/tep0000046>
- Pettifor, J., Sinclair, C., & Falender, C. A. (2014). Ethical supervision: Harmonizing rules and ideals in a globalizing world. *Training and Education in Professional Psychology*, 8(4), 201-210. <https://doi.org/10.1037/tep0000046>

- Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T., & Dallas-Katoa, W. (2007). Meihana Model: A Clinical Assessment Framework. *New Zealand Journal of Psychology*, 36(3), 118-125. https://www.psychology.org.nz/journal-archive/Pitamaetal_NZJP36-3_pg118.pdf
- Ponterotto, J. G. (2010). Qualitative research in multicultural psychology: Philosophical underpinnings, popular approaches, and ethical considerations. *Cultural Diversity and Ethnic Minority Psychology*, 16(4), 581-589. <https://doi.org/10.1037/a0012051>
- Pope, K. S. (2016). The code not taken: The path from guild ethics to torture and our continuing choices. *Canadian Psychology*, 57(1), 51-59. <https://doi.org/10.1037/cap0000043>
- Ramsden, I.M. (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu*. [Thesis.] Wellington, NZ: University of Victoria. https://croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety_Full.pdf
- Rawana, E., & Brownlee, K. (2009). Making the possible probable: A strength-based assessment and intervention framework for clinical work with parents, children, and adolescents. *Families in Society: The Journal of Contemporary Human Services*, 90, 255-260.
- Resiliency Initiatives. (2011). *Embracing a Strength-Based Perspective and Practice in Education*. http://www.mentalhealth4kids.ca/healthlibrary_docs/Strengths-BasedSchoolCultureAndPractice.pdf
- Robinson-Zañartu, C., Kinlicheene, B., & Neztosie, N. (2023). Preparing Indigenous School Psychologists: Stories From an Indigenous Specialization Project in School Psychology. *Canadian Journal of School Psychology*, 38(1), 30-45. <https://doi.org/10.1177/08295735221146594>

- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*(3), 296-305.
- Salmon, A., & Clarren, S. K. (2011). Developing effective, culturally appropriate avenues to FASD diagnosis and prevention in northern Canada. *International Journal of Circumpolar Health, 70*(4), 428-433. <https://doi.org/10.3402/ijch.v70i4.17844>
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*(1), 77-84. <https://doi.org/10.1002/nur.20362>
- Sattler, J. M. (2018). *Assessment of children: Cognitive foundations and applications and Resource guide to accompany assessment of children: Cognitive foundations and applications*. La Mesa, CA: Jerome M. Sattler, Publisher, Inc.
- Schafer, R. (1954). *Psychoanalytic interpretation in Rorschach testing*. Grune and Stratton.
- Schilling, J. (2006). On the pragmatics of qualitative assessment. *European Journal of Psychological Assessment, 22*(1), 28-37. <https://doi.org/10.1027/1015-5759.22.1.28>
- Schroeder, M., Lacerda-Vandenborn, E., Nelson, M., & Wendt, D. C. (2023). Introduction to the Special Issue—School psychology and Indigenous Peoples: Critical Perspectives and Indigenous-led Approaches. *Canadian Journal of School Psychology, 38*(1), 3-9. <https://doi.org/10.1177/08295735231156984>
- Sheldon, M. (2001). Psychiatric assessment in remote Aboriginal communities. *Australian and New Zealand Journal of Psychiatry, 35*(4), 435-442. <https://doi.org/10.1046/j.1440-1614.2001.00920.x>
- Shirk, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy, 48*(1), 17-24. <https://doi.org/10.1037/A0022181>

- Smith, J. D. (2016). Introduction to the special section on cultural considerations in collaborative and therapeutic assessment. *Journal of Personality Assessment*, 98(6), 563-566, <https://doi.org/10.1080/00223891.2016.1196455>
- Snowshoe, A., Crooks, C. V., Tremblay, P. F., & Hinson, R. E. (2017). Cultural connectedness and its relation to mental wellness for First Nations youth. *The Journal of Primary Prevention*, 38, 67-86. <https://doi.org/10.1007/s10935-016-0454-3>
- Sroufe, L. A. (1997). Psychopathology as an outcome of development. *Development and Psychopathology*, 9(2), 251-268.
- Stanton, K., McDonnell, C. G., Hayden, E. P., & Watson, D. (2020). Transdiagnostic approaches to psychopathology measurement: Recommendations for measure selection, data analysis, and participant recruitment. *Journal of Abnormal Psychology*, 129(1), 21. <https://doi.org/10.1037/abn0000464>
- TCPS2. (2022). Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Second Edition*.
- Tedeschi, R. G., & Kilmer, R. P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice*, 36(3), 230-237. <https://doi.org/10.1037/0735-7028.36.3.230>
- Tharinger, D. J., Finn, S. E., Arora, P., Judd-Glossy, L., Ihorn, S. M., & Wan, J. T. (2012). Therapeutic assessment with children: Intervening with parents “behind the mirror”. *Journal of Personality Assessment*, 94(2), 111-123. <https://doi.org/10.1080/00223891.2011.645932>

- Thunderbird Partnership Foundation. (2015). Native Wellness Assessment (NWA)TM; Self-Report Form. <https://thunderbirdpf.org/?resources=native-wellness-assessment-nwa-s-self-report-form>
- Tobias, J. K., Richmond, C. A., & Luginaah, I. (2013). Community-based participatory research (CBPR) with indigenous communities: producing respectful and reciprocal research. *Journal of Empirical Research on Human Research Ethics*, 8(2), 129-140. <https://doi.org/10.1525/jer.2013.8.2.129>
- Tremblay, M., Gokiert, R., Georgis, R., Edwards, K., & Skrypnek, B. (2013). Aboriginal perspectives on social-emotional competence in early childhood. *The International Indigenous Policy Journal*, 4(4). <https://doi.org/10.18584/iipj.2013.4.4.2>
- Truth and Reconciliation Commission of Canada (TRC). (2015). Calls to Action. Winnipeg, Manitoba, Canada. http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf
- VIA Institute on Character (n.d.). VIA Character Strengths Survey. <https://www.viacharacter.org/>
- Wampold, B. E., & Flückiger, C. (2023). The alliance in mental health care: Conceptualization, evidence and clinical applications. *World Psychiatry*, 22(1), 25-41. <https://doi.org/https://doi.org/10.1002%2Fwps.21035>
- Warrior's Path Task Force, Society for the Psychological Study of Culture, Ethnicity and Race, a division of the American Psychological Association. (2020, December). Protecting and Defending Our People: Nakni tushka Anowa (A Warrior's Path): Paper of Color Report. <https://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=1153&context=kicjir>
- Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work*, 350-354.

- Weston, D. R., Murphy Sims, J., Crespo, M., & Wong, L. (2018). Assessment as intervention: A pilot study of short-term dyadic treatment. *Journal of Infant, Child, and Adolescent Psychotherapy*, 17(1), 62-74. <https://doi.org/10.1080/15289168.2017.1400293>
- Whitley, J., Rawana, E. P., Pye, M. & Brownlee, K. (2010). Are strengths the solution? An exploration of the relationships among teacher-rated strengths, classroom behaviour, and academic achievement of young students. *McGill Journal of Education*, 45(3), 495–510. <https://doi.org/10.7202/1003574ar>
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Fernwood.
- Wright, A. J. (2011). *Conducting psychological assessment: A guide for practitioners*. John Wiley & Sons.
- Xue Luo, C. (February 24, 2024). Missing Children of Indian Residential Schools. Academic Data Centre, Leddy Library. <https://storymaps.arcgis.com/stories/cfe29bee35c54a70b9621349f19a3db2>
- Youngstrom, E. A. (2013). Future directions in psychological assessment: Combining evidence-based medicine innovations with psychology's historical strengths to enhance utility. *Journal of Clinical Child & Adolescent Psychology*, 42(1), 139-159. <https://doi.org/10.1080/15374416.2012.736358>

Appendix A: Recruitment Materials

Letter for Youth



Letter for Youth: 15-24
 What is this study all about?
 Is this study for you?
 Please read this to find out.

Title of Study: Assessment Experiences of Indigenous Youth and Families

Study Leaders: Elizabeth Carlson, psychology student, under the supervision of Dr. Jacqueline Pei, Department of Educational Psychology, University of Alberta

What is this letter about? You are being asked to be in this research study because we are trying to learn more about your experience as an Indigenous youth who has had a psychological assessment. Psychological assessment means that you saw a psychologist and they did some tests with you – I shorten this to be called assessment below. We want to learn from you about your assessment experiences to better understand how to support Indigenous teens, young adults, and families when they get an assessment. **You do not need to be in this research study if you do not want to be.**

1

If you join the study what will you be asked to do?

- You will be asked to do an interview with me, Elizabeth Carlson, by phone or video. In-person interviews may only occur if COVID-19 safety rules allow and can be followed. I will ask you questions about your experience of and thoughts about assessment. The interview will take about one hour.
- Your real name will not be used in anything after we talk, so no one will be able to link your answers to your real name.
- You do not have to answer questions you do not want to answer. You decide what you want to share with me and what you do not want to share. You can also choose to stop talking with me at any time.
- After you share your information, you can tell me if you change your mind and you do not want me to use it up until one month after our interview. Please know that the data for the study, in other words the things we talk about without naming you, will be stored for at least five years.
- To thank you for being in the study, I will give you a gift card.



UNIVERSITY OF ALBERTA
 Ethics ID number Pro00096621



Letter for Youth: 15-24

Who is Elizabeth and why is she doing this study? My name is Elizabeth Carlson and I am a woman of Indigenous and European ancestry who was raised non-traditionally in rural British Columbia. I recently became a grandma and will soon be welcoming a niece to this world. Much of my work in psychology has been with people who have faced a lot of hard times in their lives and who continue to be strong. Because of my work and the things that parents and youth have told me about assessment, I really want to understand what makes assessment helpful, useful, and safe for youth and families. Another reason I think this study is important is that psychologists have made a promise to do their work in a good way with Indigenous peoples, and this is one step forward toward change. I want to use this knowledge to lead to action and change.

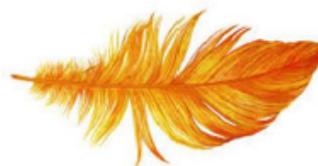
Will the study help you and/or others? Sharing your experiences will help make assessment better. It will help psychologists know what they are doing well and how they can be better. You will also help other youth and families who are thinking about getting an assessment by teaching them about what they can ask for and what they might want to avoid, and also how assessment might help them or what they need to think about before getting an assessment. We will come up with ideas together about how to share this knowledge with youth and families. This study will also help us understand how to best support youth and families as they decide whether to get an assessment.

How will the information be shared? A summary of the knowledge made by everyone in this study will be shared. Your name will not be in any of the information. The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research. During this study we will talk about how best to share knowledge about assessment with youth and families, and I will share this information with youth and families in some of the ways you tell me. This information will be shared with psychologists and researchers so they can learn more about and improve assessment services. This summary may also be shared with other researchers, your community, and in presentations.

Do you have to be in the study? You do *not* have to be in the study. It will *not* affect your involvement with any services at any place. You can change your mind and stop being part of the study at any time. All you have to do is tell us.



UNIVERSITY OF ALBERTA
Ethics ID number Pro00096621

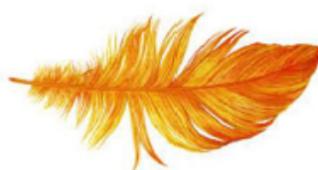


Letter for Youth: 15-24

What if you have questions? If you have any questions or would like to be in the study, you can call Elizabeth Carlson at (587) 598-4261 or email her at emcarlso@ualberta.ca. You may also contact her supervisor, Dr Jacqueline Pei, at (780) 248-1167 or email her at jpei@ualberta.ca



Information Letter for Family and Caregivers



Letter for Family and Caregivers
 What is this study all about?
 Is this study for you?
 Please read this to find out.

Title of Study: Assessment Experiences of Indigenous Youth and Families

Study Leaders: Elizabeth Carlson, psychology student, under the supervision of Dr. Jacqueline Pei, Department of Educational Psychology, University of Alberta

What is this letter about? You are being asked to be in this research study because we are trying to learn more about your experience as a family member or caregiver of an Indigenous youth who has had a psychological assessment. Psychological assessment means that the youth saw a psychologist and the psychologist did some tests with them – I shorten this to be called assessment below. We want to learn from you about your assessment experiences to better understand how to support Indigenous teens, young adults, and families when they get an assessment. **You do not need to be in this research study if you do not want to be.**

1

If you join the study what will you be asked to do?

- You will be asked to do an interview with me, Elizabeth Carlson, by phone or video. In-person interviews may only occur if COVID-19 safety rules allow, and all safety rules can be followed. I will ask you about your experience of and thoughts about the assessment of your child or the child in your care. The interview will take about one hour.
- Your real name will not be used in anything after we talk, so no one will be able to link your answers to your real name.
- You do not have to answer questions you do not want to answer. You decide what you want to share with me and what you do not want to share. You can also choose to stop talking with me at any time.
- After you share your information, you can tell me if you change your mind and you do not want me to use it up until one month after our interview. Please know that the data for the study, in other words the things we talk about without naming you, will be stored for at least five years.
- To thank you for being in the study, I will give you a gift card.



UNIVERSITY OF ALBERTA
 Ethics ID number Pro00096621



Letter for Family and Caregivers

Who is Elizabeth and why is she doing this study? My name is Elizabeth Carlson and I am a woman of Indigenous and European ancestry who was raised non-traditionally in rural British Columbia. I recently became a grandma and will soon be welcoming a niece to this world. Much of my work in psychology has been with people who have faced a lot of hard times in their lives and who continue to be strong. Because of my work and the things that parents and youth have told me about assessment, I really want to understand what makes assessment helpful, useful, and safe for youth and families. Another reason I think this study is important is that psychologists have made a promise to do their work in a good way with Indigenous peoples, and this is one step forward toward change. I want to use this knowledge to lead to action and change.

Will the study help you and/or others? Sharing your experiences will help make assessment better. It will help psychologists know what they are doing well and how they can be better. You will also help other youth and families who are thinking about getting an assessment by teaching them about what they can ask for and what they might want to avoid, and also how assessment might help them or what they need to think about before getting an assessment. We will come up with ideas together about how to share this knowledge with youth and families. This study will also help us understand how to best support youth and families as they decide whether to get an assessment.

2

How will the information be shared? A summary of the knowledge made by everyone in this study will be shared. Your name will not be in any of the information. The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research. During this study we will talk about how best to share knowledge about assessment with youth and families, and I will share this information with youth and families in some of the ways you tell me. This information will be shared with psychologists and researchers so they can learn more about and improve assessment services. This summary may also be shared with other researchers, your community, and in presentations.

Do you have to be in the study? You do *not* have to be in the study. It will *not* affect your involvement with any services at any place. You can change your mind and stop being part of the study at any time. All you have to do is tell us.



UNIVERSITY OF ALBERTA
Ethics ID number Pro00096621



Letter for Family and Caregivers

What if you have questions? If you have any questions or would like to be in the study, you can call Elizabeth Carlson at (587) 598-4261 or email her at emcarlso@ualberta.ca. You may also contact her supervisor, Dr Jacqueline Pei, at (780) 248-1167 or email her at jpei@ualberta.ca



Assent Form



DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

6-102 Education North
Edmonton, Alberta, Canada T6G 2G5
Tel: 780.492.5245
Fax: 780.492.1318
jpei@ualberta.ca
emcarlso@ualberta.ca

INFORMATION LETTER and ASSENT FORM

Title of Study: Assessment Experiences of Indigenous Youth and Families

Principal Investigator: Elizabeth Carlson

Phone Number: (587) 598-4261

Study Coordinator: Dr Jacqueline Pei

Phone Number: (780) 248-1167

What is a research study?

A research study is a way to find out new information about something. Teenagers do not need to be in a research study if they don't want to.

Why are you being asked to be part of this research study?

You are being asked to take part in this research study because we are trying to learn more about Indigenous youth and families' experience of psychological assessment. Indigenous youth are youth who describe themselves as First Nations, Metis, or Inuit. A psychological assessment means that you saw a psychologist and they did some tests with you. We are asking you to be in the study because you are 15-17 years old and have had a psychological assessment. About 10 youth aged 15-24 will be in this study.

If you join the study what will happen to you?

We want to tell you about some things that will happen to you if you are in this study.

- You will be in the study for about 30-60 minutes.
- We will talk on the phone or by video. We can only meet in person if it is safe to do so and all rules are followed around COVID-19.
- I will ask you to answer some questions about yourself, what you thought about your assessment, and how you think I should share the things I learn.
- I will ask you if you want to talk again if I have any more questions for you.
- I will audio record our talk.

Will any part of the study hurt?

No parts of this study will hurt you.

If we can, we will talk by phone or video to keep us safe from COVID-19. If we cannot meet by phone or video, we will carefully plan if and when we can meet in-person.

If meeting in person, we both need to check if we have symptoms of COVID-19. The checklist can be found by [clicking here](#) or by Googling COVID-19 Alberta Health Daily Checklist. If either of us have symptoms or risks, we will meet at another time.

If at any time either of us have symptoms, we will let each other know and reschedule. If we find out we have symptoms after seeing each other in-person, we will follow the following rules given by Alberta Health Services can be found by [clicking here](#) or by Googling COVID-19 Info for Albertans - Government of Alberta.:

If we decide to meet in person, we must follow some important safety rules:

- 1) We must both wear masks when we meet. If you do not have one, I will bring one for you.
- 2) We must stay at least 2 metres, or 6 feet, apart while we talk. If we are at least this far apart, we may remove our masks while we talk.
- 3) I will bring hand sanitizer. When we first meet, we both need to wash our hands and/or use hand sanitizer. We will wash our hands and/or use hand sanitizer throughout the meeting. For example, whenever we touch our faces.
- 4) I will bring a disinfectant spray to clean anything we may touch during our meeting.

You might get upset talking about your assessment if anything about it made you upset when it happened. If you get upset, we will talk about it and make a plan together to help you.

Some of the plans we might talk about are contacting the College of Alberta Psychologists, (780) 424-5070, if you had a problem with your assessment. I may also tell you about phone helping options such as the Kids Help Phone 1-800-668-6868, Addiction Helpline 1-866-332-2322, Mental Health Helpline 1-877-303-2642, or crisis intervention (780) 482-4358 if needed.

If you tell me anything about someone hurting you or others, I will have to tell the hospital, the police, or Children's Services about it.

You might think you have to answer all the questions because I'm a researcher or an adult. You don't. You only answer the questions you want. You are in charge, not me.

Will the study help you?

If you want, I will share the materials that are made from this study with you. These might help you or your friends and family make choices about assessment in the future. The materials might include information on a website, handouts, and/or videos.

However, you may feel that this study didn't help you.

Will the study help others?

This study might find out things that will help other Indigenous youth with assessment someday. It also might find out things that will help psychologists do good assessments.

What do you get for being in the study?

You will get a \$30 store gift card for talking with me about your assessment. I can only give gift cards that can be bought online. You get one gift card for the whole study, even if we talk more than once. You will still get the gift card if we start the interview and then you tell me you want to stop.

Do you have to be in the study?

You do not have to be in the study. Even though your parents consented, or said yes to you being in the study, you are free to decide on your own. It's up to you if you want to talk to me. I will not tell your parents what you decide. No one will be upset if you don't want to do this study. If you join the study, you can change your mind and stop being part of it at any time. All you have to do is tell us. It's okay, the researchers and your parents won't be upset.

If you tell me within a month of our interview that you don't want me to use the things we talked about in my study, I will delete our conversation. After one month has passed, I will no longer be able to delete our conversation as I will have written it up and removed your name.

What choices do you have if you say no to this study?

If you want someone to talk to about your assessment, you could talk with your parents or the psychologist who did your assessment. You do not have to be in this study to talk to others about assessment.

This study is extra, so if you don't want to do it that's okay and nothing else will change.

Do your parents know about this study?

This study was explained to your parents and they said that we could ask you if you want to be in it. You can talk this over with them before you decide. Even if they said yes to you being in the study, it is your choice to make.

Who will see the information collected about you?

The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research.

The study information about you will not be given to your parents. I will not give your study information to your teachers or doctors. The researchers will not tell your friends or anyone else.

What if you have any questions?

You can ask any questions that you may have about the study. If you have a question later that you didn't think of now, either you can call or have your parents call Elizabeth at (587) 598-4261 or her supervisor Jacqueline at (780) 248-1167.

Other information about the study.

- If you decide to be in the study, please write your name below.
- You will be given a copy of this paper to keep.

Yes, I will be in this research study. No, I don't want to do this.

Youth's name	Signature	Date
Person obtaining Assent	Signature	Date

Consent Form



DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

6-132 Education North
Edmonton, Alberta, Canada T6G 2G5
Tel: 780.492.5245
Fax: 780.492.1318
jpei@ualberta.ca
emcarlso@ualberta.ca

INFORMATION LETTER and CONSENT FORM

Study Title: Assessment Experiences of Indigenous Youth and Families

Principal Investigator:
Elizabeth Carlson, MA, doctoral student
6-131 Education North
University of Alberta
Edmonton, AB
Canada, T6G 2G5
emcarlso@ualberta.ca
(587) 598-4261

Faculty/Research Supervisor:
Jacqueline Pei, PhD, R. Psych.
6-131 Education North
University of Alberta
Edmonton, AB
Canada, T6G 2G5
jpei@ualberta.ca
(780) 248-1167

Background

You are being asked to participate in this study because you are

- a) an Indigenous youth (you describe yourself as Metis, First Nations, Inuit) who is 15-24 years old AND has had a psychological assessment
OR
- b) a family member or caregiver who was involved in the past assessment of an Indigenous youth, who was 18 or younger at the time of the assessment.

Psychological assessment means you or your child saw a psychologist AND they did some tests with you or your child. We can chat about it if you are not sure if that is what you or your child had.

You learned about this study from a flyer or information letter given to you by a service professional or that you accessed online or from a friend, or from a social media posting.

We are hoping to interview 10 Indigenous youth and 10 family members or caregivers in total about their psychological assessment experiences. We believe this is the first research study to ask Indigenous youth and their families about their assessment experiences.

The overarching research question that will guide this interview research is "What are the assessment experiences of Indigenous youth and families?"

The results of this study will be used in support of my, Elizabeth Carlson's, thesis.

Before you make a decision, I will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

Purpose

The reason we are doing this research is to learn about Indigenous youth and families' psychological assessment experiences. We believe this is the first research study to ask Indigenous youth and their families about their psychological assessment experiences. From this research project, we hope to create knowledge with youth and family members and caregivers to better understand how Indigenous youth and their families experience the process of psychological assessment. We will do this to develop assessment theory or practice guidelines to help youth and families to access, and psychologists to practice, culturally safe assessment that will most benefit Indigenous youth, families, and communities.

Study Procedures

We will have a phone or video interview to talk about your or your child's experience of psychological assessment. For some people, phone or video meetings might not be possible. If you would like for the interview to happen in-person, we will discuss if we can do that safely given the risk of COVID-19. We will have to see if the current rules allow us to meet in person, and will need to follow all safety rules if we do meet in person.

If meeting in person, both the researcher and you will need to screen themselves for COVID symptoms and risk. The checklists can be found by [clicking here](#), or by Googling COVID-19 Alberta Health Daily Checklist. If either of us have symptoms or risks, we will reschedule our meeting.

If at any time either of us have symptoms, we will let each other know and reschedule. If we find out we have symptoms after being in contact, we will follow the protocol given by Alberta Health Services. Government updates can be found by [clicking here](#) or by Googling COVID-19 Info for Albertans - Government of Alberta.

First Contact

Participants contact me if they would like to talk with me about their or their child's psychological assessment experiences. After we discuss the study and consent is given, we will start the interview.

Interview

The interview will happen by telephone or video call. In person interviews may only occur according to the Government of Alberta COVID-19 safety rules. The interview will take about 30-60 minutes. During this interview, I will talk with you about your experience of psychological

assessment. This will be an open discussion. No therapy or psychological assessment will occur during this interview.

Voluntary – Your Choice

You can tell me if there are questions you do not want to answer, and you can stop talking to me at any time you wish. This interview and all parts of it are voluntary – it is your choice to participate in all parts. Nothing bad will happen if you do not want to answer a question or you ask me to stop.

Recording

I will audio-record the interview so that I can write exactly what we talk about on paper. I will not write your name or any other information that would identify you on paper. I am recording the interview so that I can read all the interviews and find the themes that Indigenous youth and families share with me about psychological assessment.

Further Contact

I will ask you if you want me to keep in contact about the study. This might include having another conversation about what we discuss in the interview or asking your feedback on materials to be shared from this research – this is called member checking. This provides you an opportunity to make sure my summary is accurate and that you are okay with me including that information in my report. We would do this over phone or video. This second contact is not mandatory and is completely up to you.

Benefits

You may benefit from this research by:

- a) Knowing you have created knowledge to help other Indigenous youth and families who are thinking about having a psychological assessment, and psychologists who do assessment. We hope that the information we get from doing this study will help us better understand how best to help youth and families who are accessing assessment services.
- b) If you would like to, you will receive materials that are created from this study. These materials will help youth and families make decisions about assessment in the future. The materials might include information on a website, handouts, and/or videos.

However, you may not get any benefit from being in this research study.

Risk

The risk of us getting COVID-19 from one another is zero if we do phone or video interviews. However, if we meet in person the risk of one of getting COVID-19 from one another increases. Although we will follow all safety rules from Alberta Health Services and the University of Alberta to keep us safe, such as handwashing and disinfecting, wearing masks, and keeping at

least 6 feet between us, there is no way to guarantee that this is not possible. If we can, we will choose to meet by phone or video. If we can't meet by phone or video, we will talk about how and if we can meet in-person safely. All safety rules must be followed if we meet in person.

If we decide to meet in person, we must follow some important safety rules:

- 1) We must both wear masks when we meet. If you do not have one, I will bring one for you.
- 2) We must stay at least 2 metres, or 6 feet, apart while we talk. If we are at least this far apart, we may remove our masks while we talk.
- 3) I will bring hand sanitizer. When we first meet, we both need to wash our hands and/or use hand sanitizer. We will wash our hands and/or use hand sanitizer throughout the meeting. For example, whenever we touch our faces.
- 4) I will bring a disinfectant spray to clean anything we may touch during our meeting.

The risks of participating in this study are no greater than if you were to talk about your psychological assessment experiences in your everyday life. If you share something about your assessment experience that was upsetting to you, the act of sharing may lead you to feel that emotion again. For instance, sadness or anger.

If you experience distress talking about your assessment experience, we will talk through this together and make a plan. Should I believe or you tell me that you are in distress, I will provide community resource options to the best of my ability. For instance, I can provide you with the College of Alberta Psychologists contact information, (780) 424-5070, should you wish to make a complaint around your assessment experience. I may also provide you with phone intervention options such as the Kids Help Phone 1-800-668-6868, Addiction Helpline 1-866-332-2322, Mental Health Helpline 1-877-303-2642, or crisis intervention (780) 482-4358 if needed.

If you tell me about risk of harm to yourself or others, I will have to report that information to the appropriate officials. These officials may include a hospital or the police in case of an emergency, and Children's Services if you tell me that a child is being abused. I will tell you about this before we begin.

You may feel that you need to answer questions because you are speaking to a researcher. You may see me, the researcher, as an authority figure. As such, I will pay attention to hesitancy in your responses and will remind you that answering all questions is your choice throughout the whole interview.

Remuneration

To thank you for participating in this study, I will give you a \$30 gift card to a store of your choice. The store must offer online gift cards. The gift card is for the whole study, including the interview and any follow-up. You will still receive the gift card if you decide you no longer want to participate partway through the interview.

Voluntary Participation

Being in this study is your choice – it's completely voluntary. If you decide to participate in the study, you can change your mind and stop being in the study at any time, and it will in no way affect any care or treatment that you are entitled to. You do not have to answer any specific questions even if participating in the study.

You can tell me if you no longer want to participate in the study and there will be no penalty to you. You can also ask me if you want me to withdraw any collected data from the database and not include it in the study. If you would like to withdraw your data from the study, I can do that until one month after our interview when I will be analyzing the data. At the time of analysis, the data will be anonymized. That means I will no longer be able to tell which parts were yours.

Confidentiality & Anonymity

During this study we will be collecting information about you and your experiences. We will use the data to help answer research questions. Your name will not be included in any of the documents to come out of this research. No other information that would identify you will be shared in any of the documents coming out of this research. That means that only the researchers and you will know that you participated. The information from all youth and family members will be presented together as a whole.

The only exception to this promise of confidentiality is that we are legally obligated to report evidence of child abuse or neglect to Children's Services.

Below I describe in more detail how your data will be collected, stored, used and disclosed.

What data will we be collecting?

During this study we will be collecting data about you and/or your child. Examples of the types of data we may collect include your: name, email address, address, ethnic background, date of birth, and age. We will only look for and collect the information that we need do the research. We will get this information by asking you questions.

How will the study data be stored?

The study data we collect, which will include your name, will be securely stored by the study researchers during and after the study. We will also keep a copy of this consent form in our University research lab for 5 years after the study. No other researchers or professionals of any kind will see your information.

The researchers will not release your name to anyone unless the law says that they have to.

How will the study data be used?

Your study data will be coded (with a number) so that it no longer contains your name, address or anything else that could identify you. Only the researchers will be able to link your coded study data to you. This coded study data will be kept by the study researchers in a secure manner and will be used to

- learn more about Indigenous youth and families' experiences of assessment;
- learn more about how Indigenous youth and families want assessment information shared;
- learn more about how psychologists can improve their assessment practice with Indigenous youth and families.

The risk to your privacy is very small.

When the study is done, the researchers will store your coded study data on a secure University computer and in a locked filing cabinet in a locked lab at the University of Alberta. The coded data may then be used to answer other research questions in the future but if we do this it will have to be approved by a Research Ethics Board. Only researchers who have the training and experience to do the research (also known as "qualified researchers") will be allowed to use the data. Data will be de-identified (link remains at study site) and will be stored for 5 years after the end of this study.

The findings from this research will be used for my thesis research, will be published and presented at conferences, and will be shared with communities. Although your name and identifying information will not be included in these writings, publications, and presentations, I will use direct quotes of some of things you tell me. Because some communities are small, there is a slight possibility that someone might think they know who said that quote. If you have any worries about this, please let me know and we will talk about it.

Who will be able to look at my data?

During research studies it is important that the data we get is accurate. Therefore, your study data may also be looked at by people from: The University of Alberta auditors and members of the Research Ethics Board.

If you would like to see the study data collected about you, please ask the study researcher. You will be able to look at the study data about you and you can ask for any mistakes to be corrected. The study researcher may not be able to show you your study data right away and you may have to wait until the study is completed or another time in the future before you can see your study data.

If you leave the study by one month after the interview happened and request that your data be removed, I will do so. After one month has passed, I will no longer be able to remove your data as the data will then be anonymized.

If you would like a copy of a report of the research findings, you can let me know during our discussion. I will ask you about this before we end our interview. You can also email me later to request a copy.

By signing this consent form, you are saying it is okay for the study researchers to collect, use and disclose information from your data as described above.

Contact Information

If you have any further questions regarding this study, please do not hesitate to contact Elizabeth Carlson at either emcarlso@ualberta.ca or (587) 598-4261, or Dr Jacqueline Pei at either jpei@ualberta.ca or (780) 248-1167.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta, ethics ID number Pro00096621. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

Consent Statement

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

If I am under 18, I would like Elizabeth to explain this study to my parent or guardian.

Yes No

 Participant's Name (printed) and Signature

 Date

 Name (printed) and Signature of Person Obtaining Consent

 Date

Video Script

Hello (e.g., organization youth, parents and family members, etc.), my name is Elizabeth Carlson and I'm a student at the University of Alberta. I'm here today to ask if you'd be interested in participating in my research project about Indigenous youth and families' experiences of psychological assessment.

Psychological assessment means you saw a psychologist AND they did some tests with you. We can chat about it if you're not sure if that's what you had.

I am doing this project because I want to better understand people's assessment experiences so that it happens in a good way. I'm wondering, what's going good, and what could be better?

We will talk for about 1 hour, and to thank you for being in the study, I will give you a gift card.

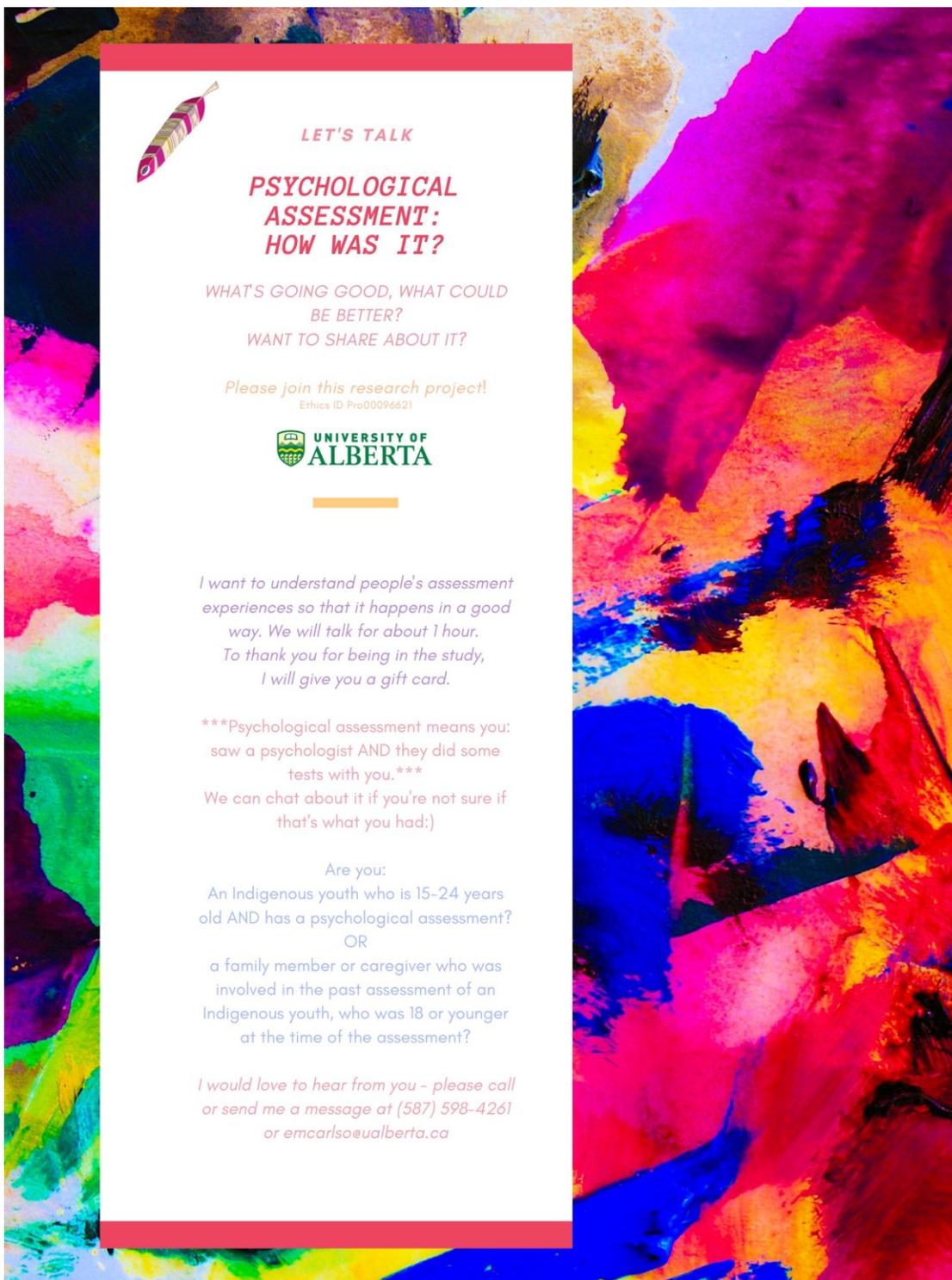
I am looking for people to share their knowledge about psychological assessment. For this project, I'm hoping to speak with: Self-identified Indigenous youth who are between 15-24 AND who've had a psychological assessment, and/or family members or caregivers who were involved in the past assessment of an Indigenous youth, who was 18 or younger at the time of the assessment.

If you have any questions, or would like to participate, I would love to hear from you - please call or message me at (587) 598-4261, or emcarlso@ualberta.ca

This research has been approved by the University ethics board, and the Ethics ID is 96621

I hope to chat with you soon. Wishing you good health

Recruitment Poster





LET'S TALK

**PSYCHOLOGICAL
ASSESSMENT:
HOW WAS IT?**

WHAT'S GOING GOOD, WHAT COULD
BE BETTER?
WANT TO SHARE ABOUT IT?

Please join this research project!
Ethics ID Pro00096621



*I want to understand people's assessment
experiences so that it happens in a good
way. We will talk for about 1 hour.
To thank you for being in the study,
I will give you a gift card.*

***Psychological assessment means you:
saw a psychologist AND they did some
tests with you.***

We can chat about it if you're not sure if
that's what you had:)

Are you:
An Indigenous youth who is 15-24 years
old AND has a psychological assessment?
OR
a family member or caregiver who was
involved in the past assessment of an
Indigenous youth, who was 18 or younger
at the time of the assessment?

*I would love to hear from you - please call
or send me a message at (587) 598-4261
or emcarlso@ualberta.ca*

Appendix B: Semi-Structured Interview Guide

Youth Interview Script

Can you tell me what psychological assessment means to you? If you had to tell someone who didn't know what it was what it means, what would you tell them?

Can you tell me about your assessment? What was it like?

- a. Do you know why you had an assessment?
- b. Where did you have the assessment? (e.g., school, health clinic, private clinic)
- c. What were the outcomes of the assessment? Or what happened because of the assessment? (e.g., did anything change, any diagnoses, did anyone tell you about what it all meant)
- d. Would you do it again?
- e. What adults were part of the assessment with you (e.g., parent, foster parent, grandparent, aunty, social worker, etc.)

Can you tell me about any parts of the assessment process that you found helpful and/or useful?

Can you tell me about any parts of the assessment process that you didn't like or found harmful?

Are there ways that psychologists who do assessment can better meet the needs of you, your family, and your community? Or what can we do differently?

What do you want and need from assessment?

I want to ask you some questions about you, your family and community. I am asking you this because when I write about the study and the knowledge we create together, I want people to understand the context or setting and people where the study happened. This helps readers make decisions about if this knowledge will be helpful for them:

- a. Indigenous identification or ancestry (First Nations, Metis, Inuit, other)
- b. Age
- c. Gender
- d. Community

What do you think is the best way for psychologists, or for me, to share this information about assessment with youths and their families? What would be most helpful? (e.g., videos, Facebook, pamphlets, posters – what would it look like? What kind of language? Would you be interested in viewing the materials that come out of this project to tell me what you think about them?

Caregiver Interview Script

Can you tell me what psychological assessment means to you? If you had to tell someone who didn't know what it was what it means, what would you tell them?

Can you tell me about your child/youth family member's assessment? What was it like?

- a. Do you know why they had an assessment?
- b. Where did they have the assessment? (e.g., school, health clinic, private clinic)
- c. What were the outcomes of the assessment? Or what happened because of the assessment? (e.g., did anything change, any diagnoses, did anyone tell you and/or the youth about what it all meant)
- d. Would you do it again or want for them to do it again?

Can you tell me about any parts of the assessment process that you found helpful and/or useful?

Can you tell me about any parts of the assessment process that you didn't like or found harmful?

Are there ways that psychologists who do assessment can better meet the needs of you, your family, and your community? Or what can we do differently?

What do you want and need from assessment?

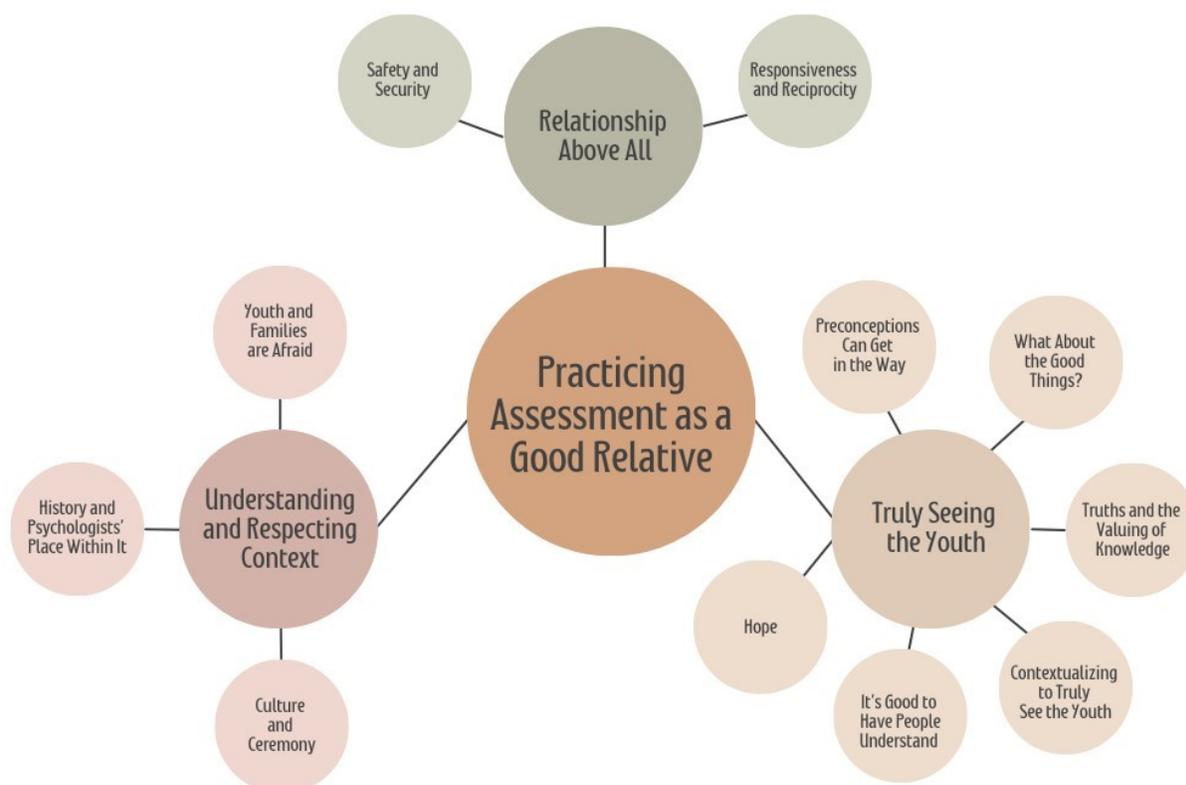
I want to ask you some questions about you, your family and community. I am asking you this because when I write about the study and the knowledge we create together, I want people to understand the context or setting and people where the study happened. This helps readers make decisions about if this knowledge will be helpful for them:

- a. Indigenous identification or ancestry (First Nations, Metis, Inuit, other)
- b. Age
- c. Gender
- d. Relationship to the youth
- e. Community

What do you think is the best way for psychologists, or for me, to share this information about assessment with youths and their families? What would be most helpful? (e.g., videos, Facebook, pamphlets, posters – what would it look like? What kind of language? Would you be interested in viewing the materials that come out of this project to tell me what you think about them?

Appendix C: Thematic Analysis

The visual below depicts the thematic networking of co-created knowledge presented in Chapter Four. Below the thematic networking visual is a table indicating thematic levels, theme names, theme definitions, and example quotes for each.



Thematic Level	Theme Name	Theme Definition	Example Quotes
Global Theme	Practicing Assessment as a Good Relative	Assessment should be done in a humanized way to help, not harm, our relatives.	<p>“Assessment and knowledge should be used to help people, help our relatives.”</p> <p>“Do these things to make things better for others, not for you.”</p> <p>“Humanity can be missing.”</p>
Organizing Theme	Relationship Above All	Working in a way that shows relationship is	“Relationships are so important as human beings, ... so important in our life. ... All

		important. This includes, treating people well, showing you care in your actions and words, and prioritizing connection.	<p>Indigenous tribes have teachings around kinship and social structures.”</p> <p>“The key is to work relationally.”</p> <p>“What is your investment in this child? Your investment in this child is what you will get in return.”</p>
Subtheme	Safety and Security in the Relationship	Working in a client-centred way is important. Such work is grounded in transparency and understanding to help youth and caregivers feel comfortable and secure in the relationship, navigates power dynamics in the working relationship, and does no harm	<p>“It kinda gave him piece of mind. ... She was really good. She took the time to sit with me and him, she answered his questions. And it really helped us to understand it more. ... I was happy.”</p> <p>“No, they don’t want to talk to you, they just met you. Anybody’s kid would be shy when they meet a stranger until they get to know you.”</p> <p>“Don’t tell me what’s good for my child.”</p> <p>“When children are terrified, it’s not capturing their functioning.”</p>
Subtheme	Responsiveness and Reciprocity in the Relationship	Investing time to work in a way to value, understand and thoughtfully respond to youths’ and caregivers’ needs helps to facilitate reciprocal engagement in the assessment process.	<p>“She just wanted to get through it ... to get the answers to her questions ... and get her report done. She didn’t want to spend any time how I was feeling or anything like that.”</p> <p>“Maybe he had other things to do. Maybe things on his mind that were more important, or he didn't have the time. ... I don't think it is okay.”</p> <p>“She made him feel at ease, I guess. Like a friend, like he knew her. ... He tried his best, so he was happy with her.”</p> <p>“No one size fits all.”</p>
Organizing Theme	Understanding and Respecting Context	Understanding and respecting the context within	<p>“How honest can you get with a psychologist without being made to look different in someone else’s eyes? Like the</p>

		<p>which assessment occurs is important as it can factor into the assessment process.</p>	<p>CFS [Children’s Services] worker that will use that information against you and label you. That’s my experience.”</p> <p>“I think that psychologists really need to, I don't mean to take one course in Native studies, I think that they really need to understand that colonial systems, and I think the history, and know which tribe you are engaging with. I think it makes a big difference.</p>
Subtheme	Youth and Families are Afraid	<p>It is important to understand that youth and caregivers are taking a risk by engaging in the assessment process, and they may be fearful. Respectful engagement around this understanding is helpful.</p>	<p>“Families come in afraid because they’ve been judged. And because they’ve been treated very sharply and very negatively. ... Assessment has been a punitive process and has not been a life-giving process.”</p> <p>“Some people are too afraid to even seek help, they don’t think it would help. ... I was afraid at first. I didn't know what you guys wanted. But I understand now.”</p> <p>“They reassured me that nothing was going to happen with her, that they were just trying to find ways to help her learn.”</p>
Subtheme	History and Psychologists’ Place Within It	<p>It is important for psychologists to understand the historical contexts within which they practice. This includes considerations of what they psychologist may represent, impacts of colonial structures, a history of systemic racism, and</p>	<p>“It's just ... heart aching ... the way Indigenous people are treated compared to other cultures ... and unfortunately that is still the systemic racism that still follows.”</p> <p>“Kids are a commodity [in assessment].”</p> <p>“There’s a lot of systemic blindness.”</p> <p>“Whiteness of psychology and organizations.”</p>

		intergenerational trauma and how they related to the assessment process.	
Subtheme	Culture and Ceremony	Understanding and engaging with culture and ceremony is important.	<p>“Bring in the best of two worlds, because everyday for us as Indigenous people, we are always having to negotiate.”</p> <p>“That is part of our way of life. ... For us it’s important.”</p> <p>“Offering of tobacco is a good place to start, or with a prayer. ... To me, it’s a gesture. To me, when you offer tobacco there is a trust relationship, that you are coming in a good way and that there is this idea of a mutual benefit.”</p> <p>“We use our cultural explanation, our cultural teachings, you know our cultural language to talk about people like my son.”</p>
Organizing Theme	Truly Seeing the Youth	It is helpful to approach assessment as a balanced and wholistic inquiry. Such balanced inquiry focused on both strengths and needs in a way that captured the complexity of the youth’s experience. It creates space for shared understandings and a hopeful path forward.	<p>“I don't know that anyone saw the children. ... I need them to see my child first.”</p> <p>“Just like we were a number, not seeing us as people, just another child.”</p>
Subtheme	Preconceptions Can Get in the Way	People are complex and so formulaic preconceptions	<p>“Seeing the human being as a construct.”</p> <p>“People are complex... We all have complex needs.”</p>

		are unhelpful to coming to truly see the youth.	“Indigenous bias can occur ... and it disadvantages our children. ... It breaks my heart, and it makes me mad.”
Subtheme	What About the Good Things?	The importance of truly seeing the youth and their strengths and gifts, and not solely focusing on their difficulties.	<p>“He does good in ceremony, what about the good things?”</p> <p>“They are human beings that are very strong, they have a lot of strengths and just beautiful culture and everything and that’s part of the healing.”</p> <p>“I need my children to go away feeling better and stronger about themselves. Not less than. That’s what a good assessment does.”</p> <p>“What makes me special, like a puzzle coming together.”</p>
Subtheme	Truths and the Valuing of Knowledge	Psychologists need to value sources of information beyond their questionnaires, tests (which can be ill-fitting culturally), and their own professional opinions. They should value the perspectives of youth and caregivers as experts in their own lives.	<p>“No checking in to see, do I have this right?”</p> <p>“Psychologists don't know all. They must be willing to not believe in or go beyond the numbers.”</p> <p>“I dream to have an Indigenous group develop their own questionnaire to see what is culturally relevant, meaningful, compared to those questionnaires, to our lived experience.”</p>
Subtheme	The Necessity of Contextualizing	It is important to work with youth and caregivers to contextualize	“We have to know the context the [youth] is coming from in order to assess respectfully.”

	to Truly See the Youth	information gained from testing and use youth's and caregivers' expertise to better understand situational information. This helps to ensure assessment is accurately capturing and reflecting their experience.	<p>“[Youth] are at risk because they have poverty, they have no familial connections, there is no one they can trust, and they live in situations that are always tentative. ... To do an assessment properly you would have to look at the environment of the youth.</p> <p>“Excluding the caregivers ... and blocking information ... is ridiculous. ... How dare they block information! ... It still happens. I have very passionate feelings about how disadvantaged our kids are ... but not allowing people to come together, as a team, and advocate for... When there's an assessment done, they bring everybody in, ..., they check with everybody. That's how it should be.”</p>
Subtheme	It's Good to Have People Understand	Youth and caregivers perceive positive impacts when they feel understood. Feeling understood includes considerations around how information is shared, the fit of diagnosis, the opportunity for reframing and the relief that may come with greater understanding.	<p>“It's good to have people understand.”</p> <p>“It's better now [and after the assessment] my relationship with my family, they are more understanding with me now.”</p> <p>“It was kind of a big relief too. Knowing that something was not wrong with her, but that something was stopping her from learning. It made more sense. I now understand her.”</p>
Subtheme	Hope	People want to and appreciate when they leave the assessment	<p>“Deterministic.”</p> <p>“How will they use this information? Often as a self-fulfilling</p>

		<p>process feeling hopeful. Many people dislike negative deterministic predictions, and instead wanted to see and benefited from practice through which the youths' potential on their path forward is seen.</p>	<p>prophecy. They take what they want from the report. The workers have already made up their mind and psychologists just quantify their expectations. Self-fulfilling prophecy can also be positive, but how to get there? ... Who helps to achieve the next step?"</p> <p>"Focus on restorative factors, processes, and how to improve situations."</p> <p>"If done well, [it] can change their life."</p> <p>"Assessment can give people hope, cure people, turn them into good guys."</p>
--	--	--	---

Appendix D: Knowing about Your Rights in Assessment

I created this resource based upon the knowledge co-created in this research. It is meant as an adaptable resource for youth, caregivers, communities, and psychologists to share with youth and caregivers their rights in assessment.

Knowing about Your Rights in Assessment

- You can request to have a pre-meeting interview to see if assessment, the psychologist, and their approach will be a good fit for you.
- You can request a referral to another psychologist if you believe the one you met will not be a good fit.
- You can request a psychologist of a certain gender.
- You can stop working with a psychologist at any time.
- If you have serious concerns about a psychologist's practice, you can report them to their governing body. In Alberta, that is the College of Alberta Psychologists.
- You must be given information about assessment and have your questions answered before you can provide informed consent. Informed consent means you understand what you are about to do and the potential risks and benefits involved. From this understanding, you will tell the psychologist if you freely agree to participate in the assessment. To give informed consent, you need to know about:
 - session lengths
 - number of sessions
 - flexibility around time
 - no-show rules
 - cost

- what you will be asked to do
 - what the psychologist is exploring
 - the psychologist's approach to assessment (e.g., strengths-based, including support people, instruments used and how they will be interpreted)
 - what might happen because of the assessment (e.g., diagnosis, access to supports, Children's Services involvement)
 - who the information will be shared with and any limits to this
 - how the report will be shared
 - how the debrief, or discussion about the assessment, will occur
 - if the psychologist offers a follow-up to the assessment report and debrief
 - if others can be involved in the assessment
 - what to do if you disagree with something the psychologist does
 - what to do if you believe the psychologist is engaging in harmful practice
 - any other information you would like to know.
- Respectful and culturally safe practice.

Appendix E: Questions You Might Ask to Help Decide if the Psychologist and Their Approach is a Good Fit for You

I created this resource based upon the knowledge co-created in this research. It is meant as an adaptable resource for youth, caregivers, communities, and psychologists to share with youth and caregivers to guide them in their assessment decision-making.

Questions You Might Ask to Help Decide if the Psychologist and Their Approach is a Good Fit for You

- Can we meet before I decide if I want to do an assessment with you?
- Can you refer us to a psychologist of male/female/nonbinary, or other gender (or other characteristics)?
- Can you refer us to a psychologist who (e.g., takes a wholistic and strengths-based approach, is willing to come to community to do the assessment, or any other approach you may be wondering about)?
 - You can ask the above two questions and the psychologist should do their best to see if they can refer you to someone who may be a better match for you.
- Can you tell me about what to expect? What will we do? What could be the outcomes, or happen because of assessment? What is the purpose and the goal of the assessment?
- Can you tell me about your scheduling procedures and if there is any flexibility around that (e.g., long/short sessions, no shows, what if the youth is becoming overwhelmed in a session)?
- What is your philosophy or approach to assessment?

- Do you take a wholistic and strengths-based approach that looks at both struggles and gifts and then makes recommendations around those?
- What if me or my family don't want a diagnosis or if we don't agree with your diagnosis?
- Do you find that youth and families have been helped by your assessments? How?
- How might doing an assessment benefit or harm me or my family?
- Do you incorporate culture into the assessment? For instance, around your choice of tools, understanding of information that comes from those tools, valuing knowledge about cultural strengths and practices associated with wellbeing, the incorporation of traditional ways and ceremonial offerings, and/or the inclusion of an Elder or Knowledge Keeper in the process.
- How do you honour truth and reconciliation in your assessment work? For instance, do you acknowledge historical impacts in your reports when trying to understand a youth's functioning?
- How do you work in a trauma-informed manner? What happens if there are things that are tough for me or my family? How do you make sure we will feel safe during the assessment?
- Can you tell me about how you work in relationship with youth and their caregivers? Are you open to including others? Do you try to get everyone together to contribute to the assessment? How do you do so? Are there any limits on this?
- How collaborative are you with youth and their caregivers in your assessment practice? For instance, around purpose, goals, diagnosis, including different knowledge types?

- Can you tell me about the potential for Children's Services involvement? When might this occur?
- Can you tell me about how you approach assessment when Children's Services are involved with the youth and caregivers? How do you navigate the multiple relationships when Children's Services are involved?
- Can you tell me who this information will be shared with?
- Is it possible to have a full report for us and a condensed report for sharing with the school or others who don't need such detailed information?