

Psychologists' Association of Alberta

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Indigenous Peoples, Ethical Dilemmas, and Problems to Solve

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Canadians recently took time for our National Day for Truth and Reconciliation. To support the Calls to Action of the Truth and Reconciliation Commission, the College of Alberta Psychologists requires its members to spend four hours a year in Indigenous-focused cultural safety and humility education and awareness. With this goal, 4 hours is not much at all.

This column offers some stories that are intended to start a discussion about psychology, Indigenous peoples, and ourselves. Although many of the stories were within my personal reach, I present them all in the first person to make them more accessible. I also present some reflective discussion questions and offer some of my own thoughts. Identifying details have been modified to protect privacy.

Story #1: Have we learned anything from psychological research and resulting recommendations?

In 1986 Drs. Lorraine Wilgosh, Robert Mulcahy*, and B. Watters published an article in the *Canadian Journal of Behavioural Science* in which they examined the IQ tests of 366 Inuit children whose test scores fell below 70. They found that Verbal Comprehension accounted for the majority of the resulting low scores, and that perceptual organization was relatively stronger. Their conclusions? *"It is suggested that tests (e.g., Weschler), as originally normed are not adequate to assess the intellectual and academic capabilities of children who are socially, culturally, and linguistically different from the children on whom the tests were originally normed."*

Questions: Almost 40 years later, has anything changed in our practices? What are our responsibilities in both using and interpreting tests scores for individuals, families, and those who work with them? What do you do in your assessment of Indigenous populations that might differentiate your practices from Eurocentric populations?

Reflections: I typically assemble a collection of subtests to answer specific questions (i.e., I tend not to administer the entire intelligence test, allowing me to focus on subtests that are more likely to identify strengths rather than those that might create misleadingly low scores. And in academic testing, I tend to focus on curriculum-based assessment and direct teaching to identify gaps in learning as well as prospective interventions. All my reports with Indigenous populations include the statement, *"CAVEAT: Yy is of First Nations/Inuit ancestry. Since assessment instruments have been developed with a typical European-centric population, all test results should be considered with some caution as they may not fully represent Yy's capabilities."*

*As a side note, Dr. Mulcahy went on to re-norm the WISC-R with a Northwest Territories population.

Story #2: Do we understand the impact of socio-economic challenges in Indigenous communities, particularly remote ones?

This past summer, I was speaking with a teacher from a remote fly-in First Nations community who was talking about their mother's health. There were no physicians in their community and essentially no preventive primary care. "*I've never had a routine physical examination by a doctor,*" the teacher said. If anyone in her community needed medical care, it was almost always reactive, and required being flown out to a major city. Finally, she said to me, "*At least as a teacher I have access to housing. Not everyone in our community has that.*" Then there is the education system. In addition to long-standing underfunding of the education system in Indigenous communities, there is also the problem of personnel recruitment. "*My son didn't have a teacher for grade 4 and 5,*" an Indigenous parent told me. "*They couldn't find anyone with a teaching degree, so they hired a community member with a high school diploma to work with the kids.*"

Questions: When we conduct assessments, do we consider fully the impact of community circumstances and conditions such as housing, healthcare, and access to adequately trained professionals? When we provide recommendations, do we consider the limitations of access to specialists within Indigenous communities? If you were to assess this teacher's son, would you expect him to be delayed academically? How would your assessment differentiate the impact of his circumstances (i.e., lack of opportunity) from a potential learning disability?

Reflections: When working with Indigenous populations, I plan for additional interview time to understand their circumstances, their personal history, and their supports. I allocate time for personal stories. And I don't start any testing until I am confident I have rapport with the students and their caregivers. When I write recommendations for students in Indigenous communities, I try to provide as much detail as possible about readily accessible resources and offer specific interventions that can be effectively delivered with minimal training.

Story #3: What can Indigenous approaches to professional relationships teach us?

While teaching a graduate course on professional ethics to an Indigenous student cohort, I invited each of the students to seek out an Elder who they could meet with to learn about Indigenous approaches to ethics. Some of the students were raised in the city and had little connection to their Indigenous heritage. Others came from communities where they had deep connections. Sharing allowed us to learn from each other. In Western psychology, psychologists don't socialize with their clients or see them outside of clinical work because we don't want to have ethically-rife dual relationships. In remote communities, the idea that a local professional would provide services without having a personal relationship to the community and its members seems absurd to community members. The concept of *professional distance* is unconscionable. So how do Indigenous cultures manage inherent dual relationships and power differentials? The answer is clear: "*The work doesn't begin until the two people [the person seeking help and the professional offering assistance] are equal.*" This means that before any clinical work can start, relationship-building must take place. Individual experience must be honoured. Mutual respect must be inherent. They are always the experts on themselves.

Questions: If you work with Indigenous patients, particularly in remote communities, how do you connect to and learn about their communities, their people, and their history? How much time do you devote to building these relationships so that you can be trusted by individuals and the community? If the community held an event like a Powwow, would you attend?

Reflections: Relationships are important in Indigenous culture. Relationships take time to develop, to nurture, and to grow. Trust can take time to develop. When we meet Indigenous individuals, we should also desire to learn about their personal history and culture. Nevertheless, not all of them are closely connected to their culture or communities, so we must not make any assumptions.

Although regulatory bodies like the Psychological Association of Manitoba (PAM) forbid any form of dual relationship, other colleges like CAP allow dual relationships under certain circumstances, as long as circumstances are fully considered, and peer-consultation is put into place. The Manitoba model means that you could not live in a remote community that you served, while the Alberta model allows you to live there, but puts an extra burden on you to arrange for ongoing consultation.

Story #4: How do you respond to systemic racism?

An Indigenous community member approached me to conduct a psychological assessment. She had worked as an Indigenous support worker for more than five years but had recently gone on medical leave after several of her clients had died by suicide. A claim had been submitted to Worker's Compensation. The family doctor wrote a two-page assessment report, which was denied by the WCB because no formal test instruments were used. The WCB allocated four hours for me to do an assessment. It took me 12. The context was overwhelming. In learning about her, I listened to a series of troubling stories. Coworkers who said overtly racist things. Coworkers who interfered with her attempts to bring Indigenous cultural supports to her clients. When she raised her concerns with her colleagues or her supervisor, the colleagues responded by fabricating complaints about her. She successfully fought them all, but it wore her down. I diagnosed PTSD and depression—the same conclusions that had been reached by the family doctor. When the WCB worker contacted me, he said, "*We've had a lot of these Indigenous mental health claims recently, so I'm thinking of referring this for an external opinion.*" It didn't matter to him that I and the family doctor had agreed. It didn't matter that I taught diagnostic assessment. After more waiting and more cost, the independent assessor's conclusion was exactly the same as mine.

Questions: In your work with Indigenous clients, have you encountered institutional racism? When you advocate for Indigenous people, have you experienced secondary discrimination or harassment? What can or should we do? When we work with Indigenous clients, how can we respond in culturally respectful ways so that we do not inadvertently perpetuate racism or oppression?

Story #5: Navigating Ethical Dilemmas in Assessment

In 2024, the book *Ethics in Action: Personal Reflections of Canadian Psychologists* was published by the University of Calgary Press. This book is dedicated to the memory of that towering force in Canadian ethics, Dr. Jean Pettifor and contains stories of ethical

dilemmas from Canadian psychologists. Of the 21 chapters, only one addresses assessment. This chapter was written by three of my colleagues and myself. Not only was the chapter about assessment, it was also about the challenges of assessment with Indigenous children. What the reader will not know is that we submitted three versions of the article before finding one that was acceptable to the editors. The issue was that the professionally challenging circumstances we presented were not considered ethical dilemmas. They were considered problems to be solved, or situations where the right thing to do seemed obvious to the editor. A dilemma occurs when contrasting needs collide, or contrasting options—both with imperfect outcomes—seem to be the only way through. Unfortunately, the reality for many Indigenous communities is that straightforward solutions are not always possible. Bureaucracy, continuity, funding, resourcing, and institutional racism get in the way.

Questions: Have you ever tried to influence institutional change? How do we support clients when they are caught up in a system that is biased against them?

Reflections: As psychologists, we tend to work in other people's institutions. This includes medical systems, educational systems, social systems, governmental systems, and the corporate world. In those systems, other people make the rules and define the parameters within which we work. Our professional standards and ethical codes can help guide our steps along the way, but they don't directly change the systems we operate under. For example, the *Jordan's Principal* Federal-Provincial agreement supports funding for assessment of Indigenous children. The *Non-Insured Health Benefits* program supports mental health counselling, but does not support formal psychological assessment. We may not like that limitation. It may not make sense to us. However, we have to live with it—or support advocacy efforts to change it.

Story #6: Is our registration system fair for Indigenous psychology students?

I have been registered in Ontario, Manitoba, and Alberta. Over the years, I have trained Indigenous students at University and supported several for registration. One of them took the EPPP five times before passing it. I spent some time reviewing the study materials with this individual and discovered they knew the content better than I did! But try as they might, they still couldn't pass the test. During the 80 hours I spent studying the materials with this person, I discovered that they tried to understand the context for every question. It was almost as if their brain was wired to create context, to understand circumstances, to humanize every test item. This innate process got in the way of answering multiple choice test questions effectively within the available time limits. Eventually, on the sixth attempt, this individual passed and went on to become a registered psychologist. But the burden of getting there was extraordinary: more than 2,000 hours of study, using multiple prep programs and materials, along with the cost of the exams, and lost time with family. Not to mention the difference this individual could have made if all those hours could have been put into direct service with Indigenous patients.

Questions: Are pass-fail tests like the EPPP, which are based on multiple-choice items, actually fair measures for Indigenous psychologists? What kind of barriers might these individuals face on their journey toward becoming professional colleagues? Can we as a profession do anything to mitigate this? Should we be considering alternative methods of

examination for individuals from different cultural or linguistics backgrounds, particularly our own Indigenous peoples? How do we support Indigenous students to become colleagues?

Some Final Reflections

To meet the CAP requirements for your own professional development on Indigenous people, you might want to meet with a few of your colleagues to discuss cases like these and others that emerge in your daily practice. It doesn't matter whether they are formal ethical dilemmas or problems to solve, your goal is to find ways to be engaged. Also, by keeping these considerations in the forefront during your workaday life, you will be able to honour the spirit and intent of the Truth and Reconciliation Commission calls to action.