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A Culturally-Grounded Biopsychosocial Assessment Utilizing Indigenous Ways of Knowing with the Cowichan Tribes

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Abstract

Extant research foregrounds the need for culturally responsive, evidence-based mental health practices when working with Indigenous communities. This study presents an Indigenous biopsychosocial assessment designed by members of the Cowichan Tribes to evaluate the social, developmental, and mental health histories of Cowichan youth. The assessment takes the form of an in-depth narrative interview whose parameters were developed through a culturally grounded, community-based process. This process supported a focus on relationality, interdependence, and intergenerational transmission of knowledge during the interview. Five participants aged 12-18 years completed interviews, which yielded sufficient data to enable completion of both Indigenous and standard biopsychosocial assessments.

Keywords

assessment; cultural intervention; biopsychosocial assessment; psychiatric interviewing; Indigenous peoples; First Nations; Cowichan

Contemporary approaches to mental health assessment frequently emerge from a Western sociocultural context. Too often, the result is clinical practice that centers on understanding the individual, especially in terms of individual mental, developmental, social, and family histories. Rarely considered is the possibility that approaches shaped by Western values might be harmful to clients from non-Western backgrounds. Yet Indigenous clients, in particular Indigenous youth, are uniquely vulnerable to clinical practices rooted in non-Indigenous norms.

The current Western concept of self centers on individualism and autonomy – that is, it views people as individuals inherently capable of agency and rational thought in pursuing their personal interests. Indigenous peoples have vastly different conceptions of mental health. Their understanding is informed both by shared legacies of European colonialism and by shared conceptions of the self as an interdependent participant within a network of relationships. Whereas Western social practices tend to be specialized, standardized, and compartmentalized, Indigenous practices value interdependent decision-making, extended

kin relations, authority vested in elders, and dynamic notions of time and space (Cajete, 2015). Furthermore, an Indigenous worldview can be understood as process-oriented, rather than content-oriented (Duran & Duran, 1995). A process-orientation is a systematic way of being in the world that favors process and action, and thereby, also informs an Indigenous concept of self as constituted by multiple, reciprocal relations. Notably, the Western concept of self fails to grasp the collective orientation of Indigenous communities, and it does not recognize the Indigenous experience of colonization, which has had a profoundly negative social and cultural impact. Thus, by privileging Western concepts of individuality, the tools that most practitioners use to establish therapeutic relationships result in solutions and interventions that may not be therapeutically beneficial to their Indigenous clients.

Cross cultural variation has resulted in racial and ethnic disparities in the diagnosis and treatment of mental health illness including gaps in access to care or misdiagnosis as a result of misinterpretation; these disparities can be understood largely as a result of bias in the mental health field (Snowden, 2003). In fact, the majority of mental health assessment tools have not been normed on Indigenous populations, making an accurate mental health diagnosis of Indigenous clients difficult (Dillard & Manson, 2013). Scholars have identified the need for clinicians to include a variety of alternative sources of information in their assessment including an understanding of Indigenous cultural notions of health and wellness (Duran & Duran, 1995). Other scholars call for a transactional-ecological approach, which emphasizes the transaction between the person and their environment, rather than treating the individual as separate from his or her environment (Alcántara & Gone, 2007).

A large body of literature responds to the need for culturally-sensitive assessments through the development of standardized scales for American Indians (Manson, Ackerson, Dick, Baron, & Fleming, 1990; Whitbeck, Adams, Hoyt, & Chen, 2004; Winderowd, Montgomery, Stumblingbear, Harless, & Hicks, 2008). In response to this need, the Fresno American Indian Health Project Youth Council developed an Indigenous mental health self-assessment tool for youth that centers on the importance of cultural knowledge, identity, and connection to family and community (Barraza, 2016). In addition to providing a strengths-based, culturally-responsive assessment tool, Barraza et al. (2016) contend that inclusion of youth on a fundamental level during the development process increased their motivation to engage the tool. Examples of other mental health assessment tools that engage cultural knowledge include the Native Wellness Assessment (Fiedeldej-Van Dijk et al., 2017), the American Indian Cultural Involvement Index (Boyd-Ball, Dishion, Myers, & Light, 2011), and the Cherokee Self-Reliance Questionnaire (Lowe, Liang, Riggs, Henson, & Elder, 2012). Scholars have identified the need for assessment tools to be congruent with local ontological and epistemological ways of being, yet few assessments deeply engage local knowledge systems and even fewer are tested and normed on Indigenous populations (Arthur et al., 2005; Beals et al., 2005; Demarchi, Baune, & Clough, 2012; Gone & Alcántara, 2007). To respond to the unique assessment needs of Indigenous clients, and to locate assessment within a transactional-ecological frame, this study provides an in-depth look at the development of an Indigenous biopsychosocial assessment in collaboration with Indigenous people and presents a pilot study of the newly formulated protocol. Although the details of the development of this project are specific to Cowichan Tribes, the process itself may open up creative possibilities for practitioners working with their Indigenous clients.

The biopsychosocial assessment is used during the clinical interview to assess clients' psychological, social, and developmental histories. The clinical interview provides the fundamental basis for psychiatric evaluation. In addition to gathering diagnostic content, the clinical interview serves as the foundation for the therapeutic relationship between clinician and client. The biopsychosocial assessment is a written document that includes client's information, such as family or medical history, gathered during the clinical interview (Shea, 1998). It critically informs diagnosis, treatment, and strategies for intervention. In addition, it can provide contextual information not only to fellow clinicians but also to lawyers and insurance companies (Shea, 2016). The clinical interview and the biopsychosocial assessment are methodological in approach and oriented around the need to obtain specific content. These approaches are in direct opposition to an Indigenous worldview that favors a systematic approach to being in the world that is, at once, process-oriented and relational. The present work describes the design and pilot testing of newly formulated assessment protocol based on Indigenous ways of knowing that can precede, or in some cases replace the biopsychosocial assessments currently administered to Indigenous clients.

This study emerges out of a larger ethnographic study aimed at understanding the meanings of and explanations for suicidal behavior among the Cowichan Tribes on Vancouver Island, British Columbia. The primary researcher and author of this study is an enrolled member of the Cowichan Tribes. As she was born and raised in the Cowichan community, she offers an insider perspective, which informed each stage of research development. Drawing on Indigenous methodologies, the new assessment protocol presented here was designed in collaboration with members of the Cowichan Tribes, as a collective, intergenerational therapeutic assessment using the concept of relational epistemology as its guiding commitment (Deloria & Wildcat, 2001; Kawagley, 1993). The associated concept of relational epistemologies refers to a concept of reality in which everything is "connected in dynamic, interactive, and mutually reciprocal relationships" (Cajete, 2000, p. 75). As a broad Indigenous worldview, relational epistemologies refer to a highly developed sense of social consciousness characterized by the responsibilities inherent in each relationship (Kawagley, 1993). The assessment protocol is based on five interrelated theoretical constructs that emerge from Indigenous ways of knowing: relational epistemologies (Kawagley, 1993), place-based orientation (Deloria & Wildcat, 2001), interdependent social formation (Markus & Kitayama, 1991), intergenerational transmission of knowledge (Cajete, 2000), and Indigenous teaching and learning practices (Rogoff, 1991) (see definitions in Table 1).

This study contributes a detailed description of the development of an assessment protocol, inclusive of certain epistemic commitments, designed specifically to elicit clinical information from Indigenous youth using culturally-grounded approaches to research. The assessment protocol was recently applied on an exploratory basis with a small group of Indigenous youth (ages 12-18). The present study aims to determine whether this assessment protocol, as administered to Indigenous youth, can gather relevant clinical information on their social, emotional, and developmental histories, and whether the protocol can elicit relevant data that standard biopsychosocial assessments typically fail to collect.

For Indigenous youth, a commitment to Indigenous beliefs and orientations, including a strong sense of self in relation to others, may protect against social disconnection, while an engagement with Indigenous teaching and learning practices may reduce feelings that they are a burden on others or the world. For practitioners, considering cultural, social, political, and historical factors during the biopsychosocial assessment may provide a strengths-based approach to understanding and addressing mental health conditions among their Indigenous clients.

Conceptual Framework

Indigenous methodologies are a set of approaches defined as “research by and for indigenous peoples, using techniques and methods drawn from the traditions of those peoples” (Evans, Hole, Berg, Hutchinson, & Sookraj, 2009, p. 894). Growing out of resistance to imperialist and colonial impositions on Indigenous knowledge and theory, Indigenous methodologies aim to disrupt the unequal power distribution between researchers and the people they research (Smith, 2012). The guiding principles of Indigenous Methodologies can be applied to therapeutic practice. Researchers and practitioners who adopt these methodologies commit to developing study designs that challenge mainstream understanding of the assumptions, motivations, and values underlying current research practice. Such a commitment demands a renewed conceptualization of the relationship between institutions and communities (Smith, 2012). It presupposes ethical collaboration with Indigenous communities, including input from elders, respect for and inclusion of cultural values and traditions, and community participation at all levels (Denzin & Lincoln, 2008; Hermes, 1998). Indigenous methodologies are more than just a way of knowing. They encompass the strengths inherent in a collective social orientation including the role of “place” in constituting material as well as social relationships (Evans et al., 2009). Using relational epistemologies alongside Indigenous methodologies as guiding concepts, the present approach assumes that strengthening relations with others and with the natural world will enhance social connectedness for Indigenous youth and potentially reinforce their cultural identity in ways that support healing and health.

Study Design

The present work emerged from a larger ethnographic study conducted with the Cowichan Tribes aimed at understanding the reasons for suicidal behavior in their community. Although the Cowichan peoples retain strong traditional values, suicidal behavior increased by 256% between 2007 and 2012 relative to the previous 5 years. Prompted by this local state of emergency (Cowichan Tribes Chief and Council, 2012), tribal leadership invited the author to conduct a study addressing the community’s need to understand and respond to suicide and other mental health conditions in culturally appropriate ways. The present work describes one facet of that study: the creation of an Indigenous biopsychosocial assessment protocol and the results of the initial administration of the assessment with Cowichan tribal members in August 2015.

Developing the assessment entailed four distinct activities with community participants: a focus group with Cowichan elders, a nature walk for tribal members of all ages led by a

Cowichan medicine person, a session of art therapy with Cowichan youth and their families, and audio-recorded narrative interviews with 5 youth participants. The basic eligibility criterion for all activities was self-identification as a member of the Cowichan Tribes.

Elder focus group.

At the outset, the author conducted a focus group with three tribal elders to ensure that the developmental process adhered to Cowichan ways of knowing. The following questions were used to prompt open-ended discussion: What does it mean to be 'Xwulmuxw Mustimuxw' (an Indigenous person)? What does it mean to walk in a good way?

Nature walk.

Next, she arranged for a 90-minute nature walk led by a Cowichan medicine person with 15 tribal participants aged 2-67 years. This activity took place at a local park beside the Koksilah River, whose annual salmon runs have nourished Cowichan people for millennia. The launch of the walk included an opening prayer and instructions for participants. The medicine person emphasized the central importance of relational epistemologies. Participants were asked to identify the people, places, and things that they were "in relations with." They were invited to think of stories associated with each relationship and instructed to gather or harvest an item that represented each relationship.

Art therapy.

The five youth participants in the nature walk attended a 90-minute art workshop in which the author asked them to create individual artistic representations that symbolized their life in union with multiple human and non-human relations. Working alongside their peers and families, each young person created an individual representation of their self-identified relationships.

Narrative interviews.

Finally, the same five participants completed an in-depth interview protocol intended to replace the standard biopsychosocial assessments currently in use by mental health practitioners and researchers. The goal of each interview was to understand the day-to-day experiences of each participant in various contexts, such as family, school, sports, and traditional culture.

The present study focuses on the in-depth interviews. A future publication will describe the methodologies of all the activities that contributed to the creation of the interview protocol.

Study Setting and Participants: The Cowichan Tribes

Nestled alongside the Cowichan River near the southern tip of Vancouver Island, British Columbia, the Cowichan Tribes have more than 4,900 members (Cowichan Tribes, n.d). The rich cultural traditions that support the Cowichan way of living place great importance on ceremony, extended family ties, and respect for all living things.

Cowichan tribal members aged 10-18 years were recruited for three of the four activities described above (notably, the focus group was limited to tribal elders). For the in-depth

interviews, additional eligibility criteria were experience of suicidal ideation, history of a suicide attempt, or experience of loss of a loved one to suicide. Youth provided verbal assent with parental consent to participate in the nature walk, art therapy, and narrative interviews. Adult participants provided consent to participate in the elder focus group, nature walk, and art therapy. The University of Washington Institutional Review Board, the Cowichan Chief and Council, and the local tribal health and education committees provided ethical approval for all study activities. Participants are identified by pseudonyms to protect confidentiality.

Data Collection

Each youth participant completed one in-depth narrative interview to describe his or her art representation and one follow-up interview to provide feedback and clarifying information (Patton, 2015). The goal of each interview was to help the interviewer understand the day-to-day experiences of each participant in various contexts, such as family, school, sports, and traditional culture.

Analytic Procedure

A professional service transcribed audio recordings of the narrative interviews. All transcripts were uploaded to Dedoose analytic software and open-coded by the author to establish general themes regarding context and experiences (Merriam, 2009; Patton, 2015). Themes were then categorized as either standard or emergent biopsychosocial data, resulting in two coding frameworks: standard biopsychosocial assessment and Indigenous biopsychosocial assessment.

Results

Five Cowichan youth between the ages of 12 and 18 years completed interviews (see Table 2). Narrative interviews were conducted in August 2015 and follow-up interviews took place in October 2015. Each narrative interview lasted 1-3 hours and each follow-up interview lasted 15 minutes. A total of nine hours was spent interviewing all five participants. By extracting data from the narrative interviews, the author created biopsychosocial assessments for all 5 youth participants.

Standard Biopsychosocial Assessment

One-on-one clinical interviews typically collect standard biopsychosocial data, including information about clients' psychiatric, developmental, social, and family histories (Shea, 2016). Table 3 lists standard biopsychosocial codes, their occurrence across the five narrative interviews, and a sample excerpt from each interview. For the present study, the author used interview data to create a standard biopsychosocial assessment for each participant.

History of present illness.—One participant provided relevant information about a present illness, even though having a current mental health condition was not a prerequisite for participation. Reine, age 18, indicated that she isolated herself from others as a coping mechanism to manage symptoms of depression:

I don't do anything anymore. I don't socialize. I don't even really leave the house. I went camping a few weeks ago, but aside from today, the other day, and camping, I haven't left the house since school ended.

Here Reine describes her noticeably diminished interest in participating in daily activities, which is a recognized symptom for certain depressive disorders (Berzoff & Hayes, 2008).

Past psychiatric history.—Two participants reported a psychiatric history of self-harm behavior, symptoms of depression, hopelessness, and suicidal ideation. Matilda, age 14, described her history of depression in this way:

I was just really emotional. Everything ticked me off; everything made me cry ... I just did not want to be outside. I did not want to be around light, or music, or TV, or anything.

Matilda also reported self-harm behavior on two separate occasions. Along with symptoms of depression, she identified interpersonal stress as her primary reason for self-harm. As she explained:

I've only cut twice in my life...it let out a lot of emotion in me. I did it and the next day, I kind of regretted it because I could see the scars on me. Then, I was like why did I do that?"

History of substance use.—Substance use included use of alcohol, chemicals, and cigarettes. Three participants had tried alcohol or other substances at least once, but none had smoked cigarettes. Nor did any participants exhibit symptoms of substance use disorder (American Psychiatric Association, 2013).

Past social and developmental history.—All five participants provided a comprehensive overview of their social and developmental history, including their education, experiences at school, family relationships, social network, abuse, employment, legal record, and religious background. For some, social relationships and family provided an exceptional amount of support, but for others, they were the greatest source of contention. Maria, age 14, spoke of her love for her family and the difficulty of her parents' divorce. Although she lived with her mother, she felt strongly connected to her father's side of the family:

Whenever we're at a family dinner [with my father's family], the kids are talking with the aunts and uncles. Everyone is just having a good time and it doesn't feel like there's anything wrong.

In such a context, conflict between her parents was challenging for Maria. As she said:

I want to have moments where I can share stuff with both my parents, but I can't. It's stressful in that way. I just want to be able to have my parents sit down and talk about my next birthday party but they don't get along. It's frustrating!

Maria's experience demonstrates that, when parents do not communicate effectively or simply do not get along, their children experience tension.

Current social history.—Current social history included data about family and other interpersonal relationships as well as about participants' strengths and coping mechanisms. Relationships with family and friends were an important support system for all five participants. However, three of them identified family conflicts and bullying as interpersonal concerns. Four out of five had also experienced the death of a loved one. Among all five, strengths included positive social connections through family, social networks, sports, and other recreational activities, as well as positive character or personality traits. Each participant defined their current family as their parents, siblings, aunties, uncles, grandparents, cousins, great-grandparents, and ancestors. In addition, three participants identified their friends' families as members of their own extended family network. In one example, Sans, aged 18, described his friend's grandmother in this way:

She invited me into the family when I first met her. She said “You can call me Grandma Harriet.” We made fry bread together, we had tea. That makes us family.

Being welcomed in to the family home, participating in cultural activities, and spending time eating together shaped Sans' sense of belonging and augmented his systems of social support.

Indigenous Biopsychosocial Assessment

Indigenous interventions often involve multiple strategies in multiple shapes across multiple sites, sometimes applied simultaneously. This project aimed to engage new thinking about culturally responsive strategies for assessment to see if an alternative approach could provide the quantity and type of information expected from a standard biopsychosocial assessment. The Indigenous biopsychosocial assessment yielded all of the standard biopsychosocial data and, in addition, included important elements of Indigenous knowledge systems that can help mental health practitioners diagnose and treat their Indigenous clients. Table 4 summarizes the Indigenous biopsychosocial assessments created by the author, with sample excerpts from each interview (N=5). The data that emerged from this assessment included themes related to participants' values, beliefs, and cultural ontology. Examples include relational epistemologies; interdependent and intergenerational influences; Indigenous pedagogies; religious or spiritual beliefs about the afterlife and about protocols for death and dying; a future orientation; and youth voice.

Relational epistemologies.

The interviews were designed to highlight notions of self in relation to others and associated notions of relational accountability. Relationships played an important role in all five interviews. For example, Matilda expressed concern about her father's alcohol use. When she was asked how she would like to share her concerns with her father, she replied:

I think I'd take him to the living room and I'd have my papa [grandfather], my brother, and my sister there. I'd say, “I'd like you to stop drinking, Dad. For the sake of your family. Soon, Papa might leave and when he leaves, you're going to be taking care of the house and you're going to be paying all the bills, so I'd like you to stop smoking and drinking and pay attention to the house and us, your kids. Just

help us. We'll help you if you help us. We'll try and give you money and clean the house.

This deeply nuanced construction of a possible future event provides substantial information about Matilda's social, familial, and cultural context. First, she demonstrated that when under stress, she drew on the support of her multigenerational household. Although she had many reasons for wanting her father to stop drinking, including medical and financial issues, Matilda's primary concern was her family. She drew on her cultural knowledge to discuss her desire for her father to abstain from alcohol in relation to her growing sense of relational accountability. These concepts provide insight for practitioners on how to elicit change in their clients in a way that affirms cultural concepts of personhood while honoring specific cultural values involving roles, responsibilities, and spirituality.

Interdependence.

All five participants understood self in relation to family or community, with an emphasis on collective relationality. To explain her choice of a cedar bough to represent her family lineage, Matilda said:

This is connected to everything on here and I'm connected to all the families that are on here, even if they're passed away. I decided to be the spine because I have so many families around me. I picked one that was not too big and not too small because I'm not related to everybody, but I'm related to a lot.

Thus, Matilda's conception of self is connected to multiple family lines, including her ancestral relations. For practitioners, understanding an Indigenous client's sense of self in relation to multiple others illuminates possible sites of intervention while engaging specific cultural concepts and values.

Intergenerational.

All five interviews provided examples of intergenerational transmission of knowledge. Indigenous elders are tasked with transmitting cultural knowledge, including traditional healing and helping practices, from one generation to the next. Maria explained the importance of honoring her elders in this way:

We have to make sure that we listen to what they [elders] have to say and respect what they have to say. If they have something to say about the way we're acting or what we should do, we should listen because they know what to do and what they are talking about. [...] We have to respect our elders and our parents and anyone who puts effort into a relationship with us.

Here Maria demonstrates her sense of relational accountability. On a broader level, engaging an intergenerational influence ensures the endurance and growth of Cowichan society for future generations. Embedded within the construct, then, are culturally specific mechanisms that protect and strengthen the capacity of the community to endure hardship and change.

Indigenous pedagogies.

All five participants narrated examples of Indigenous teaching and learning practices such as apprenticeship learning. To imagine what her future might hold, Maria looked to her elders:

My Grandma Beth is always giving, and giving, and giving, so are my Grandma Sue and my mom, so I think that's how I'll kind of be. At family gatherings, they are always helping somebody. That's how I'll be.

For Maria, learning practices included observation of others, listening to elders, engaging in oral storytelling, and learning through participation in social and cultural practices. Integral to apprenticeship learning in Indigenous settings are the roles and responsibilities that inform tribal members' importance and purpose in relation to the community (Rogoff, 1991). Thus, Indigenous teaching and learning practices increase community members' sense of purpose and self-worth as necessary members of the collective.

Afterlife/death beliefs.

Two participants discussed their views of the cycle of life and death by sharing existential beliefs about their ancestral relations. Matilda asserted that after people die, their spirits remain among the trees, rocks, and other features of the natural. She explained, "When we say, 'Our ancestors are always around,' this is a part of what we mean." Viewing oneself as continuous in time ensures adequate concern for possible future selves and provides a protective mechanism on an existential level (Chandler, Lalonde, Sokol, Hallett, & Marcia, 2003). A belief in a direct connection to ancestral relations may provide the existential link necessary to protect against death by suicide.

Future orientation.

A future orientation emerged as a key theme in all five interviews, where it took various forms that were categorized as hope, fear, or aspiration. Aspirations for future careers appeared in all five interviews. For example, Randy, age 12, explained his artwork in this way:

The feather symbolizes my future and that I want to go higher and I want to be a professional wrestler in the UFC because feathers are on birds and birds fly quite high and my dreams are quite high.

By locating his own future self, in this case as a UFC fighter, we can hypothesize that Randy was not actively suicidal. In their work on personal persistence across time, Michael Chandler and his colleagues noted that "83 percent of ...actively suicidal participants failed to find any way of understanding themselves and others as continuous in time" (2003, p. 36).

Youth voice.

In describing concerns or desires for their own futures, the participants offered essential messages for parents, professional caregivers, and researchers. These messages included desires for positive interaction, social encouragement, and support for their peers, as well as an emphasis on young people's contributions to the community. All five participants wanted to be respected for their own unique contributions. Reine recalled a situation in which one of her peers made a political statement, whereupon an adult expressed surprise that a "young

person [...] was talking about politics. You rarely see teenagers who care about those kinds of things.” She continued:

It’s because of attitudes like that that we don’t want to say anything. We don’t think anyone will take us seriously. We are patronized too often for wanting to be a part of the conversation. Adults say we are the leaders of the future, but I have something important to say right now, not 20 years from now. I’m useful right now.”

In this excerpt, Reine identifies a communication pattern that forecloses possible futures for young people. The prevalence of this pattern and the attitudes it implies underscores the importance of including young people on a fundamental level in developing programs to support Indigenous youth.

Discussion

By engaging human experience across diverse social contexts, this study demonstrates two key points: first that a purposely designed approach to clinical interviewing can yield rich data about social and developmental history, and second, the administration of this new approach to interviewing can disrupt the power relations that typically obtain between therapist and client. For example, in this study, a Cowichan First Nations’ woman fulfilled the roles of both researcher and care provider, roles that historically have been exclusive to White men. The assessment was conducted in the traditional territories of the Cowichan people and the methods designed with Cowichan values and practices; both elements contributed to the disruption of power relations. The data returned by this approach were not only sufficient for a standard biopsychosocial assessment; they also provided deeply relevant information that likely would not be captured by non-Indigenous approaches. The youth in the present study shared stories about their experiences and their perspectives on their everyday lives. The interpretations provided in the previous section are by no means comprehensive; instead, they model the ways in which practitioners can draw meaning from the stories told by their clients to inform their own practice in culturally relevant ways.

By engaging relational epistemologies as a design construct, this study highlights the fundamentally relational nature of Indigenous communities. Understanding the central importance of relationships can tell us a great deal about Indigenous youth. First, by participating in and reflecting on creative life processes, young people may strengthen their own understanding of the roles and relational responsibilities embedded in their communities. For example, a narrative of self-identified relationships inevitably tells practitioners something about their client’s sense of social connection; a young person’s understanding of his or her purpose or role informs his or her sense of self-worth. For practitioners, having an understanding of a client’s systems of relationships has deep implications for the treatment and diagnosis of mental health conditions. Various relationships, in fact, can be and often are the reasons a client may value life or wish to die by suicide. Second, by making relational epistemologies central, this project engages important cultural concepts of personhood essential to the collective well-being of the Cowichan peoples. Locating oneself in relation to others, to the natural world, and to the cosmos places young people in the context of multiple support systems, which can expand

possible approaches to mental health in a culturally responsive way. Indigenous people placed at risk of suicide do not always access the services they need. In one example, Echohawk (2006) demonstrated that in the United States, 1.5 million Native Americans are eligible for health services, yet most Native Americans who die by suicide have no previous treatment contact of any kind. In contrast, Luoma and colleagues (2002) found that three of four people of European Americans who died by suicide had contact with their primary care providers within the year before their deaths. This illuminates two equally important concerns: first, Native Americans are not accessing the services they need; and second, for European-Americans who have had contact with their primary care provider, deaths by suicide is only deterred 25% of the time. In both cases, innovative and creative approaches to treating and diagnosing mental health conditions is called for.

In addition to the importance of researchers and practitioners in understanding the relational reality of many Indigenous communities, this study highlights the importance of intergenerational influence for Cowichan people. Matilda in particular emphasized her multigenerational support system. When she shared her concerns about her father's drinking, she included her paternal grandfather, her brother, and her sister in her narrative, indicating that she drew the strength needed to handle difficult situations from her intergenerational family household. Human beings are fundamentally social, and in fact, do not exist in isolation. For Indigenous people, the value of relationships is reflected across generations.

The use of stories and metaphor in the narrative interviews yielded rich data about young peoples' lived experiences. For Indigenous peoples, language serves as the foundation of intergenerational transmission of knowledge, including sacred traditions, healing practices, and ways of being in the world. Narrating personal stories gave young people a platform to position themselves in relation to a larger social context and to narrate an autobiographical account of their experiences (Benham, 2007). In constructing narratives of the life course, people attend to particular experiences in their past and construct their futures in a way that animates and integrates the temporal intervals of their lives in a meaningful way (McAdams, 2001). By telling their life stories, people construct their identities by integrating past, present and anticipated future in an overarching narrative of self (Chandler et al., 2003).

In addition to identity development, learning practices that include apprenticeship have a positive impact on children's cognitive development (Rogoff, 1991). Guided participation, for example, allows young people to develop skills to engage intellectual tools such as oral stories, and understand the goals of their communities. Elders or knowledgeable others provide guidance for how to be in the world, and young people learn through observation and participation.

Conclusion

Guided by Indigenous epistemologies that highlight the importance of relationships linking all living beings, this project conceptualized a place-based assessment activity to obtain information about young peoples' day-to-day activities and how these everyday experiences expand or limit possible futures for young people. Connecting caregivers such as social workers or youth care workers to young people through culturally based activities may

strengthen the relationship between caregivers and youth at the outset of their associations. Moreover, highlighting Indigenous ways of knowing by providing opportunities for acknowledging and representing Indigeneity in learning and therapeutic spaces provides young Indigenous people with positive social experiences that highlight the importance of their ethnic and cultural identities.

The Indigenous biopsychosocial assessment was specifically designed by Cowichan members to collect essential mental health data from Cowichan youth while attending to local knowledge systems. This study provided a perspective on the experiences of young people as embodied subjects participating in everyday social practices. As the nature and capacity for self-reflection differs across contexts (Dreier, 2009), this project engaged youth in particular contexts with designed activity in an effort to produce understandings of self more diverse than those which might emerge from a typical therapeutic setting.

In its contribution to practice, this project opens the possibility of intentionally designed approaches to assessment and intervention that respond to the unique needs of Indigenous populations. A fundamental next step would be to conduct a process evaluation with a larger sample to determine the feasibility of utilizing this protocol with Indigenous clients. Social workers, practitioners, after school caregivers, youth program personnel, and members of other organizations that serve young people need to consider the cultural concepts of personhood and the social formation of the community and to design interventions based on community-specific axiological and ontological knowledge systems.

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Table 1.

Definition of design commitments

Design Commitment	Definition
Relational epistemologies	Conception of reality in which everything is related (self in relation to family, clan, lineage, community, landscapes, plants, animals, and other entities). Locates value in collectivity, interdependence, cooperation, and relational accountability.
Place-based orientation	Views self in an interactive and dynamic relation with landscape, which provides an ontological map of history, stories, cultural knowledge, and spiritual meaning.
Interdependent social orientation	Collective social orientation including relational accountability, shared history and identity, and shared social predicaments.
Intergenerational transmission	Knowledge is transmitted from one generation to the next. Families live in multigenerational households where elders are revered as knowledge keepers.
Indigenous teaching and learning practices	Stories, metaphor, apprenticeship learning, stories as theories, stories as cultural, social, political, and historical guides.

Table 2.

Indigenous biopsychosocial participant information (N = 5)

Name	Age	Gender	Lived Experience
Maria	14	F	Suicidal ideation Suicide loss (schoolmate)
Matilda	14	F	Suicidal ideation Suicide loss (friend) Death in motor vehicle accident (friend)
Randy	12	M	Suicide loss (schoolmate)
Reine	18	F	Suicidal ideation Symptoms of depression Family history of alcohol abuse
Sans	18	M	Suicidal ideation

Table 3.

Standard biopsychosocial assessment (N=5)

Biopsychosocial Data	Occurrence	Coded Example
History of present illness	1/5	"I don't socialize. I don't even really leave the house."
History of past psychiatric illness	2/5	"Everything made me cry ... I did not want to be around light, or music, or TV, or anything."
History of substance abuse	5/5	"People usually take it when they are trying to handle depression."
Prior social and developmental history	5/5	"She was accepting. She had a lot of patience and didn't get angry easily. She didn't raise her voice very often."
Current social history	5/5	"I know how I deserve to be treated. When someone does something hurtful or mean or inconsiderate, it doesn't get to me the way it used to."

Table 4.

Indigenous biopsychosocial assessment (N=5)

Indigenous Data	Occurrence	Coded Example
Relational epistemologies	5/5	"Our ancestors are important because they helped create the teachings and culture that we have today. They helped carve guidelines of how we're supposed to be on a daily basis and throughout our lives."
Interdependent social orientation	5/5	"We don't treat the world right. They're cutting down all our trees, slowly so the air will be less. We're going to run out of water. The world needs us and we need the world."
Intergenerational transmission	5/5	Interpretation of eagle: "It was just one of my mom's grandparents watching over me."
Indigenous teaching and learning practices	5/5	"We kind of just watched and learned what the older people do."
Afterlife/death beliefs	2/5	"Just look up into the sky and you'll see her eyes. Don't cry because she's watching over you and she's right there beside you whenever you need her. When you're happy or sad, she's there."
Future orientation	5/5	"My main wish is that my mom could heal because I know she goes through a lot."
Youth voice	5/5	"They [adults] should give us a chance, listen to what we have to say before they come to a conclusion."