

PSY 335 Assessment & Testing

Project Two: Psychological Assessment Evaluation Report

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Critical Perspectives

Needs and Considerations:

Nayelo has an extensive history of substance and alcohol abuse, as well as experiencing a traumatic brain injury and coma following being hit by a semi-truck, while intoxicated, during adolescence. According to the case report, Nayelo's academic history appeared poor despite receiving special education services, and notes that he had to make up grades during high school as a result of his semi-truck-related hospitalization. Assuming that his academic level was poor prior to the accident, then there should be concern for a potential neurodevelopmental disability. For instance, Kirk and Gallagher (2022) explain how learning disabilities (i.e., reading/dyslexia) can result in problems among various areas, such as language development, academic learning, motor coordination, social and emotional self-regulation, and attention. However, this concern may not have the ability to be confirmed or denied as a result of the long-term substance and alcohol use and TBI. Additionally, due to the case report noting that Nayelo received special education for reading, his current reading abilities should be determined prior to testing, because many psychological tests require at least a fifth grade reading level.

The potential side effects of TBIs need to be carefully considered prior to further interventions. The severity of Nayelo's TBI is not documented in the case report; however, based on the information regarding him being in a coma for two months and still a recipient of disability, it can be inferred that he suffered a severe TBI. According to the NINDS (2002), disabilities from a TBI may include problems with cognition, sensory processing, communication, and behavior or mental health, and depend on the severity and location of the injury, as well as the age and general health of the patient. The NINDS (2002) also explains how

“Most patients with severe TBI, if they recover consciousness, suffer from cognitive disabilities, including the loss of many higher-level mental skills.” Additionally, problems with communication and language are not uncommon following TBIs (NINDS, 2002). Given this information, the impact of Nayelo’s TBI may have significant weight on the entirety of the therapeutic process, including assessments and interventions.

Nayelo is a middle-aged Native American male, who still resides in his family’s home on his reservation. Given this information, it is reasonable to assume that Nayelo has, at least, moderate ties to his cultural background. The extent of his cultural identity is not documented, but nevertheless should be taken into significant consideration. American Indians and Alaska Natives are relatively understudied, and often face struggles regarding stereotypes and biases. Joseph Gone, a Harvard professor, Indian psychologist, and member of Aaniiih-Gros Ventre Tribal Nation of Montana, is quoted by Stringer (2023), stating, “Our way of life was considered hopelessly backwards and savage, and we were expected to become farmers and ranchers and learn reading, writing, and arithmetic. The deep damage from the loss of identity contributed to post-colonial disorders such as suicide, trauma, and addiction.” This historical problem of addiction among American Indians likely contributes to the ongoing bias and stereotypes that may lead to inappropriately and/or inadequately selecting assessments, interpreting assessments, and making further recommendations. Additionally, stereotypes and general assumptions of the Native American culture can potentially exacerbate problems of substance and/or alcohol misuse for some individuals, especially with relevant post-colonial challenges (Edinoff et al., 2024).

There are three APA guidelines that need to be taken into consideration in this case regarding cultural differences, namely, guidelines 9, 11, and 12 (APA, 2020). Guideline 9 specifically states that “psychologists strive to understand how culture can interact with every

aspect of the assessment process and that they adapt their practices as needed” (APA, 2020). Native American cultures, generally, integrate strong ties to the spirits and nature, and these ties can be misinterpreted. For instance, a client referencing a spiritual encounter can be a sign of schizotypal features among one culture, but be completely normal for Native American cultures. As explained by Stringer (2023), “learning about the values, spirituality, and communication styles of Native American communities helps providers connect with patients and avoid misdiagnosing them.” Guidelines 11 and 12 (APA, 2020) will be further detailed under the test limitations section, as they cover both cultural differences and assessment limitations.

Individual Differences and Subjective Bias:

In the context of individual differences, the client and I are vastly different. We significantly differ in terms of age, gender, relationship status, family, academic history, and medical history. For example, the client is a 48-year-old male, is single, and his only living family is a sister. Unlike the client, I am a 29-year-old female, in a long-term relationship, have two children, and my father and brother are still living. The client has a history of a traumatic brain injury, decades of reported substance and alcohol misuse, and a lengthy arrest record. Contrary to this, I have never been diagnosed with a TBI, do not have any prior arrests/arrest record, and a drastically different history with substance and alcohol use.

Another significant difference between the client and I is our cultural background and cultural identities. The client is a Native American, residing within his family home on his reservation. Thus, his cultural background, and likely his cultural identity, is rooted in the specific tribe he is a member of. On the other hand, I was born and raised in Iowa, have limited religious ties or experience, and live over an hour away from what could be considered my

“family home.” However, I can relate to the client concerning the death of his mother, to a certain extent with respect for the cultural and personal differences.

Although I have extremely limited experience with Native American cultures, I do believe that they are misunderstood and significantly stereotyped. I also firmly believe that the Native American cultures are vastly misrepresented in the media, especially within pop-culture. American society has often portrayed Native Americans as being constantly drunk and using various substances, resulting in an increased potential for implicit (sometimes explicit) bias and stereotypical behaviors by others. For example, in discussing their review of multiple studies relative to mental disorder diagnoses in American Indians and Alaska Natives (AI/AN), Fetter et al. (2025) note the higher rate of studies on substance use disorders, stating, “The fact that studies on SUDs surpass both depression and anxiety suggests that the patter of disorders studied across the corpus may reflect wider sociocultural beliefs about AI/AN peoples and AUD.” It is my belief, and potential bias, that this long-standing stereotype of Native American communities are harming our understanding of Native American people, as well as significantly harming our abilities to gain information in the medical and mental health fields.

Ethics:

The APA ethical principles can all be tied to this specific case. APA ethics principle A: Beneficence and Nonmaleficence includes doing no harm and safeguarding the welfare and rights of those they interact with (APA, 2017). Similarly, principle E: Respect for People’s Rights and Dignity, explains psychologists’ protecting privacy, confidentiality, and self-determination, as well as safeguarding vulnerable populations (APA, 2017). Nayelo’s cultural background and the history of injustice and trauma that Native Americans have suffered can easily be exacerbated, especially by professionals, if they do not work to ensure no further harm is done

and aid in safeguarding Native American communities. Principle D: Justice includes the understanding that fairness and justice entitle all people to the access to and benefits of psychological services and resources, and are entitled to equal quality regardless of personal differences (APA, 2017). Specifically, for Nayelo's case, his long-term substance and alcohol use alongside mental health concerns require interventions that integrate his Native American background. It is essential to ensure he receives appropriate and adequate services, and maintain that nobody involved in the process harbors any stereotypical and biased thoughts concerning the connection of his cultural background and alcohol/substance use. Additionally, principle B: Fidelity and Responsibility includes establishing trust, and consulting with, referring to, or cooperating with other professionals and institutions to the extent needed to best serve those you work with (APA, 2017). For Nayelo's case, consulting with and/or referring to an Indian Psychologist may be appropriate to ensure Nayelo's needs and interests are best met with appropriate cultural integration. Finally, maintaining ethical considerations regarding the assessment process, nearly all of the sub-sections included in section 9 of the ethics code can be applied to Nayelo's case.

Psychological Tests and Procedures

Tests Administered:

Following Nayelo's interview, the tests administered included the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III), the California Verbal Learning Test-Second Edition (CVLT-II), the Personality Assessment Screener (PAS), and the Big Five Personality Test.

Benefits of Tests Administered:

- WAIS-III:

The WAIS-III consists of three scales: Verbal intelligence quotient (VIQ), Performance intelligence quotient (PIQ), and Full-Scale Intelligence Quotient (FSIQ). One notable benefit of the WAIS-III, particularly for Nayelo's case, is that the technical manual is described as including studies and supporting data among a variety of areas, one of which is neurological disorders and includes traumatic brain injury (Hess & Rogers, 2001). The reliability of the WAIS-III appears to be supported, including test-retest subtest coefficients ranging from .70s to .90s, and coefficients for VIQ, PIQ, and FSIQ ranging from .80s to low .90s (Hess & Rogers, 2001). The normative sample is described as representing the 1995 census data, including age, gender, socioeconomic status, race and ethnicity, education attainment, and geography for ages 16 to 89 (Hess & Rogers, 2001).

- CVLT-II:

The CVLT-II is described by Hubley and Lindskog (2000) as "an individually administered measure of strategies and processes involved in learning and remembering verbal information." For a normative sample, the CVLT-II uses a sample that represents the March 1999 census data for race and ethnicity, education level, and geographical region for ages 16 to 89 (Hubley & Lindskog, 2000). The normative sample data is also separated by gender, and among seven age groups, which is beneficial for the difference in male and female cognitive processes (Hubley & Lindskog, 2000).

- Personality Assessment Screener (PAS)

The PAS is an adult self-report, objective measure that briefly assesses information that is applicable to determine various clinical differences and to further focus assessment efforts (Burns, 1997). Rather than being developed as a shortened version of its parent scale, the Personality Assessment Inventory (PAI), the PAS is designed to determine more clinically

significant scores (Burns, 1997). One notable benefit of the PAS pertaining to Nayelo's case and needs is the relatively high reliability coefficients for alcohol (Burns, 1997). With this assessment being designed to provide information and work as a guide for further assessments, this could be a benefit to Nayelo's case.

- **Big Five Personality Test**

The Big Five Personality Test incorporates "a set of broad personality domains consisting of Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness" (Kang et al., 2024). This can be beneficial in obtaining a general understanding of an individual's key personality traits, and may be useful for assessing the severity of disorders given the level of neuroticism.

Limitations of Tests Administered:

- **WAIS-III:**

An important limitation of the WAIS-III involves the subtest involving pictures, and how the interpretations of these pictures could be misconstrued (Hess & Rogers, 2001). Nayelo's interpretation may be different from the "norm" due to his cultural background.

- **CVLT-II:**

The reviews of the CVLT-II published by Hubley and Lindskog (2000) offer two differing descriptions for reliability, and both share concern for validity. The validity of the CVLT-II from the technical manual is rooted in findings for the CVLT, which may not be able to be applied to the second edition (Hubley & Lindskog, 2000). Established reliability and validity of assessments is vital prior to administering them, and failure to use reliable, valid tests is unethical. Nayelo's case report documents a poor academic history, a TBI during adolescence,

and decades of substance and alcohol abuse, all of which could interfere with his cognitive abilities to perform this specific test.

- PAS

The reliability and validity of the PAS should be considered with caution. Although moderately high internal reliability was described, it is also noted that it was more for specific subtests rather than the entirety of the test (Burns, 1997). The validity of the PAS should be taken with caution, as it demonstrates high validity relative to the PAI, but weak to moderate validity relative to other personality assessments (Burns, 1997).

- Big Five Personality Test

There are numerous tests that can fall under the blanket term of “Big Five Personality Test,” such as the Big Five Inventory, Big Five Inventory-2, and other versions of these inventories adapted for specific contexts. Due to the variety of tests available, and the lack of specific test name included in the case report, providing any major limitations would be unreasonable.

There is a concern for the ethical limitations for each of the tests administered in Nayelo’s case. Guideline 11 of the APA ethical guidelines for assessment and testing (APA, 2020) includes the statement, “Due to the inherent limitations in the diversity and variability of a test normative sample, there is a potential that the characteristics of an individual examinee are poorly represented or are completely absent in the normative group.” Additionally, guideline 12 of the APA ethical guidelines for assessment and testing (APA, 2020) explains, “Psychological assessment instruments and interpretive methods are culture specific because they are developed from a specific sociocultural context, most often Western.” Therefore, the depth in which these assessments are appropriate for Nayelo’s specific cultural background may not be adequate.

There are numerous tribes, each of which has its own set of beliefs and customs, and integrating components of each tribe within a nation-wide normative sample may be unrealistic.

Test Results:

- WAIS-III

Nayelo obtained a composite score of 76 for PIQ, and 70 for both VIQ and FSIQ. Based on this, the percentile rank was 5th for PIQ and 2nd for VIQ and FSIQ, with 95% confidence intervals at 61-111 (PIQ) and 57-99 (VIQ and FSIQ). The qualitative description for all three index scales is described as “Borderline.”

- CVLT-II

For trial one, Nayelo’s z-score was -4, falls into less than 0.1 percentile, and is described as profoundly impaired. The trial 4 z-score was -2.5, falling in the 1.0 percentile, and described as severely impaired. The long delay-free recall z-score was -2.0, falling in the 2.0 percentile, and described as borderline impaired. His results for the short delay-free recall and long delay-cued recall were identical, with z-scores of -2.5, falling within the 1.0 percentile, and described as severely impaired.

- PAS

Nayelo’s results for the PAS Total include a raw score of 41 with a P score of 99.58, indicating a marked risk of clinical problems. The list of scores includes Negative affect (NA), Acting out (AO), Health Problems (HP), Psychotic Features (PF), Social Withdrawal (SW), Hostile Control (HC), Suicidal thinking (ST), Alienation (AN), Alcohol Problem (AP), and Anger control (AC), each of which has a raw score, P score, and risk of clinical problems, and is included below:

NA- Raw Score: 5; P Score: 62.90; Risk: Moderate

AO- Raw Score: 4; P Score: 63.40; Risk: Moderate

HP- Raw Score: 4; P Score: 80.80; Risk: Marked

PF- Raw Score: 4; P Score: 91.50; Risk: Marked

SW- Raw Score: 6; P Score: 95.10; Risk: Marked

HC- Raw Score: 1; P Score: 46.00; Risk: Mild

ST- Raw Score: 0; P Score: 38.60; Risk: Normal

AN- Raw Score: 6; P Score: 97.50; Risk: Marked

AP- Raw Score: 6; P Score: 98.60; Risk: Marked

AC- Raw Score: 5; P Score: 89.70; Risk: Marked

- Big Five Personality Test

The Big Five Personality test results include scores in Extroversion (extraversion), Orderliness (conscientiousness), Emotional Stability (neuroticism), Accommodation (agreeableness), and Inquisitiveness (openness). Nayelo scored 14% in extroversion, 50% in orderliness, 28% in emotional stability, 24% in accommodation, and 10% in inquisitiveness.

Testing Interpretation:

Nayelo's results for the WAIS-III indicate potential neurological or intellectual deficits. For his Verbal Intelligence Quotient (VIQ) and the Full-Scale Intelligence Quotient (FSIQ), Nayelo obtained a composite score of 70, and subsequently placed him in the 2nd percentile rank for both. His Performance Intelligence Quotient (PIQ) scores fell just slightly above the VIQ and FSIQ, with a composite score of 76, landing in the 5th percentile. All three index scores fall within the qualitative description of "Borderline," which suggests that Nayelo is close to being deemed intellectually disabled. The WAIS-III subtests include measuring working memory and processing speeds (Hess & Rogers, 2001), which are likely impaired based on his test results.

The result of the CVLT-II, described in qualitative terms, indicates a range of borderline, severe, and profound impairments. The test is designed to measure the processes and strategies involved in both learning and remembering verbal information (Hubley & Lindskog, 2000). Nayelo's CVLT-II results indicate his ability to learn and remember verbal information is significantly impaired. Taking the results of the CVLT-II and WAIS-III together, there is a suggested pattern of intellectual impairment.

Nayelo's results for the PAS indicate that he needs further assessment. As described within the description of the PAS scores in the initial case report, interpretation is only done if an individual has a PAS total *P* score above 47. Nayelo's PAS total *P* score significantly exceeds that, at 99.58, indicating potential emotional and/or behavioral problems. Nayelo's *P* scores for alcohol problems, alienation, social withdrawal, psychotic features, anger control, and health problems all suggest marked concerns for clinical problems. His high score and marked concern for alcohol problem should not come as a surprise due to his self-disclosure of long-term alcohol use and reported goal of seeking help to overcome his alcohol problem. The marked concern for clinical problems in the domains of alienation, social withdrawal, and anger control suggest that he is likely to avoid relationships, enter relationships with extreme caution and skepticism, be untrusting, and have problems controlling his anger, which may be seen as hostility. The marked concern for psychotic features requires further assessment, but should be taken with caution due to the potential for this to be substance induced. For the marked concern for health problems, Nayelo's medical background, alcohol misuse, and inhalant abuse should be factored into further assessments. Additionally, Nayelo's *P* scores for acting out and negative affect indicate a moderate concern for clinical problems, suggesting he has potential problems in areas such as impulsivity, risky behaviors, depression, anxiety, and personal distress.

The Big Five Personality Test results are similar to much of the marked and moderate concerns documented in the PAS scores. Nayelo's exceptionally low score in extroversion suggests that he is reclusive and private, unassertive, and quiet. For orderliness, Nayelo's results were medium, suggesting he is moderately organized, structured, and self-controlled, while still remaining flexible, varied, and fun; however, this result slightly contradicts the PAS result for acting out. Nayelo's score for emotional stability was low, which suggests he is very worrying, insecure, emotional, and anxious. This is highly similar to findings within the PAS scores. For accommodation, Nayelo demonstrated a low score, suggesting he be overly selfish, uncooperative, and difficult at the expense of others' well-being. Additionally, Nayelo's exceptionally low score for inquisitiveness suggests he is overly small-minded, traditional, and conventional at the expense of intellectual curiosity, possibility, and progress. The Big Five results, mainly for inquisitiveness, accommodation, and extraversion, should be taken with caution due to Nayelo's specific cultural background and the historical struggles of Native American peoples.

Summary

Client Background

The client being evaluated is a 48-year-old Native American male, named Nayelo. Nayelo is single, with no documented history of marriage. According to the case report, Nayelo lived with his parents until their deaths, and still resides in the family home on his reservation. The case report also documents one living sibling, Nayelo's sister, and says that his other siblings are deceased. There is no further information provided regarding other living, biological family members, or any other forms of support. Nayelo has a poor academic history and received

special education services for reading. Following an accident-related hospitalization, he had to make up grades during his high school years.

Nayelo's case report describes a hospitalization as a result of an accident, in which he was struck by a semi-truck. He explained that he was drunk and stumbled in the path of the semi-truck "accidentally." Subsequently, Nayelo was in a coma for two months, and was diagnosed with a traumatic brain injury, for which he still receives disability. There is evidence of an unstable work history, as he describes work in "construction, as a landscaper, I've done road work, whatever miscellaneous work I can do."

The case report also briefly notes an arrest record, including being arrested on numerous occasions for DUI. Regarding the DUI arrests, Nayelo explained, "I don't even know how many times. I would get into accidents, and I didn't even care." During his interview, he also explained a recent arrest for "reckless driving. I turned too fast and got stuck in a gully. I was drinking. Just a little. Two or three cans. My alcohol level was 0.143. I had whiskey too. I think two shots." Additionally, he disclosed that he started drinking incredibly young, and began huffing "paint and gasoline" at 13-years-old.

The case report describes an instance during the interview, in which Nayelo described his feelings of people being "out to get him." Nayelo is quoted as saying, "There are video cameras in the sky. The FBI is surveying me because of corruption. You can't really catch what I'm saying, but you have to catch it yourself. There are ways of being able to monitor with surveillance cameras in the sky. Just like the movies. Hidden things. You can hide cameras under the paint. There's maybe a microphone. We're constantly monitored everywhere outside. Twenty-four hours." Relative to this, Nayelo describes insomnia due to his feelings of being watched. Nayelo stated that, "I ain't sleeping at all really. Because I worry about corruption and

things, and the people involved in it. It keeps me up because I'm thinking about it. I have to take a sleeping pill." Finally, the case report details that Nayelo would like to check into a rehabilitation facility, where he hopes to receive help to stop drinking.

Client needs:

Based on the provided case report information, Nayelo needs a battery of psychological assessments. It is essential to be mindful of his documented academic struggles, especially with regard to the special education for reading. Another important consideration is the documented TBI with loss of consciousness following a traumatic accident. Failure to acknowledge the long-term effects of TBIs can result in administering inappropriate assessments, subsequent misinterpretations, and insufficient interventions.

Each aspect of the assessment and recommendation process requires significant consideration and integration of Nayelo's specific culture. There are over 500 federally recognized tribes, both American Indian and Alaska Native, within the United States, and tribes often differ in their beliefs (Stringer, 2023). Failing to inquire about Nayelo's specific tribal beliefs and customs is also failing to ensure cultural competency, and can interfere with the entire psychiatric process. Without understanding certain beliefs of Nayelo's culture, it is possible to administer inappropriate assessments, as well as misinterpret certain test scores and answers from interviews.

Client needs/behaviors & Results

Nayelo scored exceptionally low on each scale of the WAIS-III and CVLT-II. This should not be a surprising result due to the initial case report's documentation of a poor academic history, special education services, and traumatic brain injury. TBIs are described by DeJong and Donders (2010) as being "one of the most common causes of acquired cerebral damage," and

deficits in learning and remembering new information can be considered common in TBI survivors. Additionally, Nayelo's disclosure of "huffing" gasoline and paint could very well have caused long-term damage to his brain. For instance, Oliver George, PhD. (George, 2025) explains, "Effects and dangers of inhalants abuse include immediate damage to the central nervous system and brain," and "Long-term consequences involve permanent neurological damage such as peripheral neuropathy and cerebellar impairment." Therefore, any intellectual impairments Nayelo may have based on his test results may be due, in part, to a combination of the TBI and inhalant abuse.

Nayelo's results for the PAS and Big Five assessments are fairly similar in that they both demonstrate concerns for his emotional well-being and interpersonal struggles. The PAS suggests that he has marked concerns for problems with alienation, social withdrawal, and anger control, as well as a marked concern for psychotic features. The potential presence of psychotic features may be a result of his long-term substance use, but further assessment would be needed to gain a better understand. However, if there are psychotic features present, this could contribute to his deficits in forming trusting relationships. Additionally, the marked concerns on the PAS and low scores on the Big Five may be further associated with a variety of factors including his cultural background, TBI, substance use, and potential intellectual deficits.

Referral Process

1. Client behaviors

Nayelo described seeking treatment to get help with his alcohol problem. While gaining background information through an interview, Nayelo self-disclosed a variety of factors that indicated a need for assessments. He has a documented poor academic history with the inclusion

of special education for reading. This by itself may not have been cause for concern; however, the inclusion of being diagnosed with a TBI following a two-month coma and having to repeat grades in high school following this accident give rise for concern. TBIs can cause various long-term intellectual and/or cognitive deficits. By further assessing Nayelo's intellectual abilities, especially with regard to comprehension, we can gain a better understanding of how to tailor the psychotherapeutic process to best fit his needs. For instance, using language that he is able to understand based on his intellectual assessments.

Nayelo provided a detailed description of his concerns that people are out to get him, including hidden cameras and surveillance. His description could be indicative of psychotic features, which should be further assessed. An important consideration with further assessment, however, is his self-disclosure of his alcohol use starting at a young age, as well as his inhalant abuse beginning at age 13. Prior to a definitive diagnosis, it should be ruled out the extent to which these substances may be contributing to his delusions. There should also be a consideration of potential lack of sleep and the extent to which it may be coinciding with these behaviors. Nayelo explains that he has to take a sleeping pill, otherwise the thoughts of "corruption" and the "people involved" keep him awake. However, inadequate sleep can contribute to a variety of physiological and psychological symptoms.

2. Next steps

Moving forward, further assessments are needed. The administration of the PAS can be seen as beneficial, as it can be used as a guide to determine focal points of future assessments. It is essential that all future work with Nayelo, including assessments, interventions, and so on, integrate his cultural background and identity. A key step in this process is to interview Nayelo again, but with the aim to gain vital cultural information and gaining a better understanding of

how his cultural identity factors into his behaviors. Historically, Native Americans have experienced a variety of traumatic events, including the ongoing negative stereotypes directed toward them. It is important to better understand Nayelo's cultural identity as it can provide insight into potential cultural factors that are contributing to his overall behaviors. Once a detailed cultural background is obtained, and well understood, then further cultural-appropriate assessments and interventions can be determined.

References

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017).

<https://www.apa.org/ethics/code>

American Psychological Association, APA Task Force on Psychological Assessment and Evaluation Guidelines. (2020). *APA Guidelines for Psychological Assessment and Evaluation*. Retrieved from <https://www.apa.org/about/policy/guidelines-psychological-assessment-evaluation.pdf>

Burns, M. K. (1997). Personality Assessment Screener. *The Fourteenth Mental Measurements Yearbook, 2001*.

DeJong, J., & Donders, J. (2010). Cluster subtypes on the California Verbal Learning Test-Second Edition (CVLT-II) in a traumatic brain injury sample. *Journal of Clinical and Experimental Neuropsychology, 32*(9), 953–960.

<https://doi.org/10.1080/13803391003645640>

Edinoff, A. N., Maudrie, T. L., Chiwiwi, C., Kjerland, T. M., Contreras, L., & Gone, J. P. (2024). A complex psychosocial portrait of substance use disorders among Indigenous people in the United States: A scoping review. *The American Journal on Addictions, 33*(5), 503-

515. <https://doi.org/10.1111/ajad.13539>

George, O. (2025). *Huffing Gas: Effects And Dangers of Inhalants Abuse*. Addiction Resource.

<https://addictionresource.com/drugs/inhalants/gasoline/>

Hess, A. K., & Rogers, B. G. (2001). Wechsler Adult Intelligence Scale-Third Edition. *The Fourteenth Mental Measurements Yearbook*.

Hubley, A. M., & Lindskog, C. O. (2000). California Verbal Learning Test, Second Edition, Adult Version. *The Sixteenth Mental Measurements Yearbook, 2005*.

Kang, W., Tiego, J., Hellyer, P. J., Trender, W., Grant, J. E., Chamberlain, S. R., & Hampshire, A. (2024). Validation of an abbreviated Big Five personality inventory at large population scale: Psychometric structure and associations with common psychiatric and neurological disorders. *Comprehensive Psychiatry, 134*, 152514.

<https://doi.org/10.1016/j.comppsy.2024.152514>

Kirk, S., & Gallagher, J. J. (2022). *Educating Exceptional Children* (15th ed.). Cengage Learning US. <https://bookshelf.vitalsource.com/books/9798214357232>

National Institute of Neurological Disorders and Stroke (NINDS). (2002). *Traumatic Brain Injury: Hope Through Research*. Wayback Machine.

https://web.archive.org/web/20050210123750/https://www.ninds.nih.gov/disorders/tbi/tbi_htr.pdf#expand

Stringer, H. (2023, October 1). The healing power of Native American culture is inspiring psychologists to embrace cultural humility. *Monitor on Psychology, 54*(7).

<https://www.apa.org/monitor/2023/10/healing-tribal-communities-native-americans>