Towards a Balanced Lens: Strengths-Based Psychoeducational Assessments in Canadian Schools

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

Psychoeducational assessments are commonly used in schools to evaluate concerns relating to cognitive domains (e.g., academic, attention, memory, etc.). After the assessment, the goal for the student and their family may be to have a better understanding of themselves, how they function within their world, and the possibility that they can recognize and use their strengths. Unfortunately, social-emotional-behavioural outcomes seem to worsen over time through deficit-focused lenses as negative experiences tend to be more salient than positive experiences. Grounded in positive psychology and resilience perspectives, strengths-based approaches (SBA) to assessment offer an alternative approach that highlights students' assets and resilience, while paying equal attention to areas of challenge. Studies show that despite adopting strengths-based tools and strategies, client and family engagement (e.g., retention and satisfaction) is truly dependent upon if the clinician taking this SBA recognizes its worth. While SBA is conceptually supported in the literature, little is known about how aware school psychologists and psychological associates in Canada are about SBA, and how they implement these practices in their assessment work. The present study surveyed 42 Canadian school-based clinicians to examine beliefs and practices related to SBA, as well as whether clinician characteristics predict SBA practice. Multiple regression models indicated that stronger endorsement of SBA beliefs and greater years of experience (i.e., later career stage) significantly predicted greater use of SBA practices. These results suggest that both clinician attitudes and continued professional development are key to integrating SBA within psychoeducational assessments. This study sheds light into assessment practices in Canadian schools and provides a foundation for future research and training to promote more balanced and empowering assessments for students.

Keywords: Strengths-based approaches, psychoeducational assessment, school psychology

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To my family and friends, thank you for being my constant cheerleaders. I would like to thank my Mom and Dad for their unwavering love and encouragement. I would not be the person I am today, nor could I have accomplished this, without your support. Finally, I dedicate this thesis to my Auntie and Sassy. Thank you for showing me I could accomplish whatever I set my heart and mind to. I carry you both with me in everything I do.

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Literature Review

Psychoeducational Assessment

Since the 1950's, school psychologists have been involved in administering psychological assessments, also known as psychoeducational assessments, within the education system (Baker, 1964). Psychoeducational assessment entails administration and integration of information derived from multiple sources (e.g., performance-based tasks, questionnaires, observations, interviews, review of student's academic record and developmental history) to elucidate factors that underlie or contribute to learning, behavioural, and/or socio-emotional difficulties. In addition to the student completing an interview, self-report questionnaires, and standardized performance measures (e.g., assessing cognitive, attention, memory, language, and academic functioning), other informants may be asked for their insight on the student's challenges (e.g., parents and teachers). This information is used to inform individualized and effective academic programming, which may include accommodations (e.g., preferential seating in class, alternate methods of assessments) or modifications to grade-level expectations within the curriculum (Fletcher et al., 2015). Psychoeducational assessments play a crucial role in understanding the needs of students and developing appropriate interventions (within the classroom or home) to support their academic growth (Fletcher et al., 2015). The results of a psychoeducational assessment, which may include a diagnosis (e.g., learning disability, intellectual disability, attention-deficit/hyperactivity disorder, etc.), no diagnosis, or provisional diagnosis, are communicated to students, families, and school personnel (Shindman, 2015). Typically, results and recommendations are disseminated through a written report and verbal feedback meeting. After the assessment, the goal for the student, as well as their family and

school personnel, ideally would be to have a better understanding of themselves, how they function within their world, and the possibility that they can recognize and use their strengths.

Strengths-Based Approaches (SBA) to Psychoeducational Assessment

Important elements of the psychoeducational assessment process include interpreting the referral question, case conceptualization, interviewing, test selection, interpretation of test scores, and integrating various sources of information in a written psychoeducational report (Groth-Marnat & Horvath, 2006). However, the approach to assessment (i.e., interpretations, conceptualizations, test selection) varies across contexts, clinicians, and referral questions (Fletcher et al., 2015; Groth-Marnat & Horvath, 2006). Thus, approaches to assessment are not prescriptive, and ideally would honour each student's needs, background, and context.

Some psychologists have proposed that client strengths should be considered and integrated across psychoeducational assessments to make them more consumer-friendly and balanced, as well as less stigmatizing within deficit-focused referral questions (Brenner 2003; Mastoras et al., 2011; Wong, 2006). Seligman (2002) and Wright and Lopez (2002) proposed the Four-Front Approach to Assessment, which underscores the need to pay attention to not only client deficits, but also strengths and assets, as well as environmental resources, opportunities, and destructive factors. The "equal space and time" guideline (i.e., paying equal attention to strengths and deficits), which many clinicians recommend in theory, is not always practical or feasible, and less likely to be followed (Seligman, 2002). In 1991, Wright proposed that this "equal space and time" guideline can be followed within psychological reports and case conferences (e.g., adding a strengths section to a verbal or written report, interweaving strengths and deficits throughout a report). Specifically, strengths-based approaches (SBA) to assessment encompass the intentional measurement of emotional and behavioural skills that promote social

and academic development, and allow one to feel a sense of accomplishment, satisfaction in their relationships, and resiliency (Epstein & Sharma, 1998). Recent advancements and developments of assessment tools have allowed clinicians to intentionally measure objective and subjective client strengths (e.g., Strengths and Difficulties Questionnaire [Goodman, 1997], Devereux Early Childhood Assessment [LeBuffe & Naglieri, 1999], Values in Action Inventory of Strengths [Peterson & Seligman, 2004], Clifton Strengths Finder [Buckingham & Clifton, 2001]). Client strengths may include those that align with traditional domains (e.g., academic achievement, athletic abilities), exceed their same-aged peers, or represent personal or relative assets (i.e., unique abilities within their own profile of strengths and weaknesses). However, Seligman (2002) maintains that psychological data cannot be misrepresented and must demonstrate a respect for the client's challenges to ensure appropriate support or intervention. A common criticism of SBA is that it denies or minimizes the challenges students face, however SBA emphasizes that attention should also be paid toward students' unique strengths, resources, and successes (Climie & Mastoras, 2015).

Strengths-based research is rooted in positive psychology and resilience perspectives. Well-being has often been narrowly defined as an absence of psychological dysfunction; instead, positive psychology posits that well-being should further encompass positive characteristics, assets, and contributions that may enable a satisfying and meaningful life (Clifton & Nelson, 1992; Frisch, 2000; Keyes, 1998). SBA focuses on identifying and leveraging the unique strengths and resources of each student to empower them and their families in addressing challenges (Climie & Mastoras, 2015; Epstein, 2000; Sherman et al., 2006). SBA involves identifying areas of challenges while recognizing and capitalizing on the success trajectories of

students for optimal and meaningful development (Climie & Mastoras, 2015; Sherman et al., 2006).

Benefits and Implications of SBA

Assessments have traditionally focused on highlighting students' problems and/or shortcomings, which may further distort already skewed perceptions students have of themselves along with fostering feelings of negativity, demoralization, and alienation from peers (Mastoras et al., 2011; Zeigler Dendy, 2011). The exclusion of strengths-based information in predominantly deficit-focused approaches to assessment may leave students feeling defeated. Assessment protocols that focus on deficits may result in a self-fulfilling prophecy, in which the client acts in accordance with any attributed deficit and mental health professionals respond in a manner that conforms to the assigned label (Brazeau et al., 2012; Zeigler Dendy, 2011). Proponents of positive psychology argue that deficit-focused psychoeducational assessments do little to foster resilience in students who arguably need it the most, instead reinforcing negative beliefs that they and others already have about themselves and their futures (Climie & Henley, 2016).

Empirical work has shown that students feel more demoralized, less efficacious, less internally motivated, and are more likely to disengage from their goals following receipt of negative feedback from their teachers (Fong et al., 2019; Mercer & Gulseren, 2024). Struggling students are already more likely than their peers to receive negative feedback about their academic performance and social function (DuPaul et al., 2016). A previous study by Wellborn and colleagues (2012) examined expectations for ethnically and linguistically diverse students, which revealed that positive information can overcome the impact of negative information when provided frequently, or if the positive information is used to contextualize the negative

information. Further research with U.S. college students has demonstrated that strengths-based teaching practices are viewed favorably by students and show a positive association with students' academic self-efficacy (Anderson et al., 2024). A UK study (Bozic, 2013) revealed that in four of five cases where strengths-based information informed intervention planning, positive changes were observed in middle school-aged students on multiple measures (e.g., Child and Adolescent Strength Assessment, Assets Interview). Although this is not causal, potential mechanisms may include increased engagement, positive emotions, multidisciplinary team creativity, and shifts in expectations (Brownlee et al., 2012; Donovan & Nickerson, 2007; McCammon, 2012; Wellborn et al., 2012).

In the therapy literature, client outcomes appear to be positively impacted when clinicians incorporate positive psychology interventions and strengths-based perspectives, specifically through reducing client's symptoms and fostering a growth mindset (Helton & Smith, 2004; Lopez & Edwards, 2008; Peterson & Seligman, 2004; Seligman et al., 2006; Tennen & Affleck, 2002). Previous research has established a relationship between the inclusion of SBA in assessments and increased student empowerment and motivation, which in turn has the potential to engender more positive academic, social, and emotional trajectories of development (Mastoras et al., 2011; Nickerson & Fishman, 2013). SBA may in fact act as a protective factor and predict long-term resilience and achievement in at-risk students (Mastoras et al., 2011).

However, some studies have stipulated that SBA is only effective if the clinician values the data that SBA generates (Cox, 2006). Cox (2006) found that SBA tools enhance child and family engagement only when clinicians recognize the contribution of strengths-based work and integrate that strengths-based information in their assessment. This aligns with Self-Determination Theory (SDT; Deci & Ryan, 1985), which posits that humans have three basic

psychological needs: autonomy (i.e., feeling of control over one's behaviour and outcomes), competence (i.e., feeling capable and efficient in one's activities), and relatedness (i.e., feeling connected to others). SDT models behaviour along a continuum of motivation, and at one end of this continuum is intrinsic motivation, which refers to pursuing an activity for its inherent satisfaction and interest (Deci & Ryan, 2000). Thus, Cox's (2006) findings may reflect the impact of intrinsic motivation on SBA implementation, as explained by SDT. Furthermore, youth who received the Behavioral and Emotional Rating Scale (BERS) guided assessment SBA protocol (versus the standard deficit-based assessment protocol), and had a highly strengths-oriented clinician, were shown to have significantly higher post-assessment outcomes (e.g., social-emotional-behavioural concerns), parent satisfaction with services, and lower rates of missed appointments (Cox, 2006). SBA has also been associated with positive parent-child relationships and parent-professional relationships as parents reported receiving strengths-based information about their child to be an empowering experience (Epstein, 2000).

SBA in Schools

Psychoeducational assessments can take place in a variety of settings, including schools, community clinics, private practices, and hospitals. Schools are a particularly significant context for psychoeducational assessments as they are typically provided at no cost to families (Justice for Children and Youth, 2021), offer daily access to multiple informants and observations, and embedded opportunities for intervention (Simon, 2016). Furthermore, students spend a large portion of their time in school, averaging 44 hours of learning per week (e.g., learning time in regular lessons plus after-school study time) across the 38 OECD (Organisation for Economic Co-Operation and Development) member countries, including Canada (OECD, 2016). As such,

schools often serve as the most accessible context in which students can obtain psychoeducational assessments.

Although SBA is not a novel concept, it is seldom incorporated into school-based assessment contexts and report-writing (Climie & Henley, 2016; Mastoras et al., 2011). SBA strengthens classroom decision-making, school-based consultation, collaboration, and intervention (Fletcher et al., 2015; Jimerson et al., 2004). When students struggle in school, teachers and parents are more likely to underestimate their true abilities and have lower expectations regarding their capacity for success (Smeets et al., 2024; Wang et al., 2018). This, in turn, may render struggling students even more vulnerable to adverse outcomes (e.g., lower grades, less educational attainment; Benner et al., 2021). Through SBA, teachers and parents are provided with a more optimistic and positive view of the student, which may increase receptivity to, and implementation of, assessment recommendations and interventions (Climie & Henley, 2016). Donovan and Nickerson (2007) found that multidisciplinary team members (e.g., school administrators, special education teachers, and psychologists) who received both traditional (e.g., deficit-focused orientation) and strengths-based data in mock social-emotional reports predicted more positive short-term outcomes (e.g., academic and social) of the "student", compared to those who received only traditional reports. Another study by Wellborn and colleagues (2012) revealed that including strengths-based information improved teacher expectations, especially short-term social-behavioural outcomes. Since SBA enhances parent and teacher perceptions of short-term outcomes, it may help to foster a more positive educational environment (Cox, 2006). SBA may thus be a powerful tool for promoting resilient development in students who are at-risk due to their challenges at school (Cox, 2006).

Clinician Characteristics

Clinicians' report-writing practices are primarily shaped by their training, theoretical orientation, and years of experience. Despite longstanding calls for clearer communication, many psychological reports remain difficult to understand and overemphasize test scores over the client as a person (Harvey, 2006). Graduate training often reinforces these issues by prioritizing quantitative results rather than accessible, client-centered approaches and writing (Fletcher et al., 2015). As a consequence, reports tend to focus on deficits rather than strengths, which reflects the traditional "medical model" (Groth-Marnat & Horvath, 2006). These reports tend to contain more generic interpretations, which result in unclear connections between referring concerns, results and recommendations (Eriksen & Cormier, 2025). Concerns with psychological report-writing have been voiced for over 25 years, which indicates limited progress despite several strategies and recommendations (Eriksen & Cormier, 2025).

Novice psychologists take significantly longer to complete reports than seasoned psychologists (Whitaker, 1994); however, writing clear and accessible reports requires additional time (Harvey, 2006). Since reports are often time-intensive, this can reduce opportunities for other direct and indirect client services. Curry and Hanson (2010) found that clinical psychologists with more years of experience (i.e., years since degree completion) were less likely to provide verbal psychological assessment test feedback to clients. However, this significant finding did not extend to other specialties such as school psychology (Curry & Hanson, 2010).

Two prior surveys, consisting primarily of respondents in American training programs (e.g., clinical, counselling, and school psychology), suggest that SBA is viewed favourably amongst faculty and is incorporated at least to some extent in students' didactic and clinical experiences (Nichols & Graves Jr., 2017; Vempaty, 2018). Recent research highlights a growing focus on SBA training in graduate psychology programs, primarily delivered through class

lectures, supervision, and professional consultation (Vempaty, 2018). When asked to rate the extent of their training in SBA, novice clinicians from APA-accredited programs (e.g., graduate students, pre-doctoral interns, and postdoctoral fellows) reported receiving training at levels ranging from moderate to a great extent (Vempaty, 2018). Faculty perspectives from the U.S. and Canada support this increasing interest, with 83.9% of school psychology, 48.4% of counseling psychology, and 50.0% of clinical psychology faculty viewing SBA as highly beneficial for the assessment of socioemotional functioning (Nichols & Graves Jr., 2017). However, over 60% of faculty remain unfamiliar with manualized SBA (Nichols & Graves Jr., 2017). These findings suggest a gap between the belief in the value of SBA and formalized training opportunities. Novice clinicians have reported varying levels of SBA application in practice; 70.83% of clinicians reported incorporating SBA principles in their clinical interviews at least half the time, 76.39% emphasized both client strengths and difficulties in written reports or oral feedback half the time or more, and 59.72% reported rarely or never using standardized SBA measures in assessment (Vempaty, 2018). Vempaty (2018) also proposed that early-stage clinicians may not yet have received comprehensive education, supervision, or practicum experience in SBA, and thus their actual practice and confidence in SBA may still be developing.

Environmental Scans in the Canadian Context

Originally conceived by Francis Aguilar (1967) for business environments, environmental scanning refers to a methodology of continuous evaluation of an organization's internal and external trends, which may impact success (Harris & Brooker, 2025). Since then, environmental scans have evolved and been adapted for use in other sectors, such as healthcare, education, and social services. Environmental scans serve as a valuable methodology for assessing the broader contextual environment, informing planning and program development,

and identifying gaps across sectors (Carlson, 2020). In the education context, Carlson (2020) introduced the Environmental Scan Model for School Counselors, which allows for school counsellors and school counselling programs to examine internal (e.g., individual school counsellor, school counselling program) and external factors (e.g., educational environment, community environment) in order to create responsive and effective programming. Specifically, this model uses quadrant-based worksheets and weighted factor analysis to promote stakeholder-informed decision-making (e.g., school counsellors, school counselling programs) aligned with broader programming goals and positive student outcomes (Carlson, 2020). The Environmental Scan Model for School Counselors, adopted by the Colorado Department of Education, is a clear example of how environmental scans can elucidate the root causes of student needs and engage stakeholders in data-driven decision-making (Carlson, 2020).

In Canada, Pivik (2012) conducted an environmental scan to identify determinants, indicators, and strategies associated with school readiness from a health perspective. This scan utilized an ecological lens, wherein school readiness is shaped by several influences (e.g., individual, familial, neighbourhood, community, societal; Pivik, 2012). Carson and colleagues (2022) conducted an environmental scan of existing resources to assist Canadian childcare providers in improving the health behaviours (e.g., nutrition, physical activity, sleep) of preschool-aged children. In 2024, Li and colleagues employed a multi-method environmental scan, which included a national survey and qualitative descriptive study, to explore healthcare providers' perspectives on transition services from pediatric to adult healthcare. Ultimately, the environmental scan methodology has been applied within Canada, but not to explore beliefs and uptake of SBA to school-based psychoeducational assessments.

Conclusion

Despite growing interest in SBA within psychology, there still remain significant gaps in their application to psychoeducational assessment and clinical practice. Most of the existing research focuses on deficit-based assessment frameworks, which leaves a gap in the understanding of how SBA are integrated into psychoeducational assessments (Climie & Henley, 2016; Mastoras et al., 2011). The extent to which clinicians incorporate client strengths and assets into their assessment practices is largely unknown (Vempaty, 2018). Research has yet to examine the degree to which clinicians consistently implement SBA beyond self-reported beliefs in their importance (Harbin et al., 2013). There is a need for applied research to advance our understanding of the uptake of assessment (Nickerson & Fishman, 2013). Although adopting an SBA to assessment is not a novel concept, it is seldom incorporated into school-based assessment contexts and report-writing (Climie & Henley, 2016; Mastoras et al., 2011). To date, the extent to which Canadian school psychologists and psychological associates use SBA remains unknown. Furthermore, variables that impact report-writing practices (e.g., integration of client strengths) have been paid little attention in research (Eriksen & Cormier, 2025). Understanding the factors that contribute to the ongoing gap between recommended clarity and the continued complexity of psychological reports is essential for shifting report-writing training and practices (Eriksen & Cormier, 2025; Harvey, 2006). An environmental scan concerning psychoeducational assessments will be invaluable in providing clinicians with knowledge in maintaining a balanced approach of highlighting strengths within the context of deficit-focused referral questions (Climie & Henley, 2016; Mastoras et al., 2011).

Towards a Balanced Lens: Strengths-Based Psychoeducational Assessments in Canadian Schools

Since the 1950's, psychologists have administered psychoeducational assessments in schools to elucidate factors that underlie or contribute to learning, behavioural, and/or socio-emotional difficulties experienced by students (Baker, 1964). The assessment process typically entails collecting and integrating information across multiple sources (e.g., performance-based tasks, questionnaires, etc.) and then sharing results with families, school personnel, and sometimes students themselves (Shindman, 2015). Psychoeducational assessments can be used to individualize academic programming so that it is tailored to the unique needs of each student. Examples include identifying accommodations to facilitate learning (e.g., preferential seating in class, alternate methods of assessment) and modifying grade-level expectations within the curriculum (Fletcher et al., 2015).

Psychoeducational assessments have traditionally been deficit-focused; however, there are downsides to assessments that are centered on students' problems and shortcomings. For example, empirical work has shown that individuals feel more demoralized, less efficacious, less internally motivated, and are more likely to disengage from their goals following receipt of negative feedback (Fong et al., 2019; Mercer & Gulseren, 2024). Struggling students are already more likely than their peers to receive negative feedback about their academic performance and social function (DuPaul et al., 2016). Further, when students struggle in school, teachers and parents are more likely to underestimate their true abilities and have lower expectations regarding their capacity for success (Smeets et al., 2024; Wang et al., 2018). This, in turn, may render struggling students even more vulnerable to adverse outcomes (e.g., lower grades, less educational attainment; Benner et al., 2021). Within this context, proponents of positive

psychology argue that deficit-focused psychoeducational assessments do little to foster resilience in students who arguably need it the most, instead reinforcing negative beliefs that they and others already have about themselves and their futures (Climie & Henley, 2016).

Within the field of professional psychology, there has been a growing interest in strengths-based psychoeducational assessment (SBA) as an alternative to the 'status quo'. SBA refers to the intentional measurement of emotional and behavioural skills, competencies, and characteristics that contribute to a sense of personal accomplishment, satisfying relationships, resiliency, and overall positive social and academic development (Epstein & Sharma, 1998). In other words, SBA identifies and recognizes not only "conventional" or normative strengths (e.g., skills that align with traditional domains or exceed those of same-aged peers), but also personal and relative strengths, which reflect an individual's unique abilities within a specific domain or relative to their own profile. SBA aims to include information about students' areas of challenge whilst also helping them, and others, to recognize and leverage their strengths and resources (Climie & Mastoras, 2015; Epstein, 2000; Sherman et al., 2006).

Compared with assessments that are deficit-focused, SBA is experienced as more empowering by students and parents, predicts more positive parent-child and parent-professional relationships, and fosters more favourable expectations of students' academic and social-emotional outcomes amongst school personnel (Donovan & Nickerson, 2007; Epstein, 2000; Wellborn et al., 2012). Empirical research with U.S. college students has demonstrated that strengths-based teaching practices are viewed favorably by students and show a positive association with students' academic self-efficacy (Anderson et al., 2024). A UK study revealed that in four of five cases where strengths-based information informed intervention planning, positive changes were observed in middle school-aged students on multiple measures (e.g., Child

and Adolescent Strength Assessment, Assets Interview; Bozic, 2013). Although this is not causal, potential mechanisms may include increased engagement, positive emotions, multidisciplinary team creativity, and shifts in expectations (Brownlee et al., 2012; Donovan & Nickerson, 2007; McCammon, 2012; Wellborn et al., 2012). SBA may thus be a powerful tool for promoting resilient development in students who are at-risk due to their challenges at school (Cox, 2006).

Existing research has revealed that SBA is only effective, and in some cases implemented, if the clinician values the contribution of SBA and believes in its importance (Cox, 2006; Harbin et al., 2013). This is consistent with Self-Determination Theory (SDT; Deci & Ryan, 1985), which suggests behaviour is modelled along a continuum of motivation, with intrinsic motivation (i.e., engagement driven by inherent satisfaction and interest) at one end of this continuum (Deci & Ryan, 2000). Therefore, clinicians who genuinely value SBA and are intrinsically motivated may be more likely to integrate it into their assessment practices.

Little is known regarding SBA beliefs and practices among psychologists and psychological associates in Canada. Two prior surveys, consisting primarily of respondents in American training programs (e.g., clinical, counselling, and school psychology), suggest that SBA is viewed favourably amongst faculty and is incorporated at least to some extent in graduate students' didactic and clinical experiences (Nichols & Graves Jr., 2017; Vempaty, 2018). However, a disconnect remains between positive attitudes towards SBA and formal training in such approaches as over 60% of faculty were unfamiliar with manualized SBA and novice clinicians reported varying levels of SBA use (Nichols & Graves Jr., 2017; Vempaty, 2018). Vempaty (2018) also noted that early-stage clinicians may not yet have had sufficient exposure or supervision to confidently apply or consolidate their knowledge of SBA, suggesting

their practice of SBA may still be developing. Therefore, more years of clinical experience and time since completing graduate training may be associated with the increased integration and use of SBA, likely reflecting stronger consolidation of skills, confidence, and clinical flexibility (Vempaty, 2018). We are aware of no similar surveys undertaken within a Canadian-specific context.

Since graduate training often prioritizes test scores over client-centered approaches (Fletcher et al., 2015), assessment reports tend to focus on deficits, as opposed to strengths (Groth-Marnat & Horvath, 2006). Previous research has also demonstrated that novice clinicians tend to take longer to write reports than experienced clinicians (Whitaker, 1994), and writing clear, accessible reports adds further time demands (Harvey, 2006). Given the considerable time demands associated with report writing and other assessment responsibilities, clinicians may have fewer opportunities to consistently apply SBA across all stages of the assessment process (e.g., interviews, testing, interpretation, feedback; Climie & Henley, 2016).

Environmental scans have been undertaken for other healthcare and educational services in Canada, examples of which include programs for pediatric patients who are transitioning to adult systems of care (Li et al., 2024), resources to assist childcare providers in improving the health behaviours of preschool-aged children (Carson et al., 2022), indicators and strategies to support school readiness for health in early childhood programs (Pivik, 2012), and a model to guide school counsellors in evaluating student needs and informing programming (Carlson, 2020).

Current Study

Our study explores the awareness and incorporation of SBA within the context of Canadian schools. Although psychoeducational assessments can occur in a variety of settings

(e.g., community clinics, private practices, hospitals), schools represent a particularly important starting point for investigation. This is due to the substantial amount of time students spend in school (OECD, 2016), where assessments are typically provided at no cost to families (Justice for Children and Youth, 2021), as well as greater access to informants and observations, and opportunities for timely school-based interventions (Simon, 2016). We seek to identify the extent to which Canadian school psychologists and psychological associates believe in SBA, as well as if, and how, they incorporate these into their assessments with children and youth. We also wanted to investigate what may be associated with higher endorsement of SBA. To answer this question, we aim to determine if there is a relationship between the characteristics of the clinician (e.g., number of assessments conducted per year, years of experience, years since graduate program, and motivation and belief in SBA) and their approach to psychoeducational assessment. Since much of this work is exploratory, many of our hypotheses relate to literature regarding therapy or psychological report-writing. We hypothesize that there will be a negative correlation between the number of assessments conducted per year and ratings of using clients' strengths and assets (Harvey, 2006). We hypothesize that there will be a positive correlation between belief in SBA and ratings of using clients' strengths (Cox, 2006; Harbin et al., 2013), years of experience and ratings of using clients' strengths and assets (Vempaty, 2018), years since graduate program and using clients' strengths and assets (Vempaty, 2018), as well as intrinsic motivation for using SBA and ratings of using clients' strengths and assets (Cox, 2006). While recent graduates may be more likely to have been exposed to SBA given their growing presence in psychology (Nichols & Graves Jr., 2017), they may still be developing their assessment style and clinical confidence (Vempaty, 2018), which could limit the consistent implementation of SBA despite recent exposure.

Method

Participants

Participants were recruited through professional listservs for Canadian clinical psychologists and select English-speaking public school boards across Canada. To be eligible, participants were required to (1) self-identify as either a Psychologist or Psychological Associate registered to practice within a provincial and/or territorial regulatory body in Canada and (2) to have a scope of practice that included the provision of psychoeducational assessments to students in Canadian schools on a full-time, part-time, or contractual basis. For the purpose of this master's thesis, we have included data from 42 psychologists and psychological associates who enrolled in the study between September 2024 and April 2025. The study is ongoing, and data collection is planned to continue until August 2025 (at which point the total sample size should be closer to 60). This study was approved by the Office of Research Ethics at the University of Waterloo.

Procedure

Participants provided online written consent and then completed a 15-minute online survey through Qualtrics. Questionnaires were administered in the following fixed order: eligibility questions pertaining to scope of practice, Psychoeducational Assessment Beliefs and Practices, SBA Implementation in Most Recent Assessment, Reasons for SBA Use, and Clinician Questionnaire. Once the eligibility of participants was ascertained, the preamble before the remaining questionnaires instructed participants to reflect specifically on their experiences with school-based assessments. At the end of the survey, participants could opt to enter their email into a separate raffle for a $100 Amazon gift card.

Measures

Clinician Characteristics. Participants ($N = 42$) provided information about their educational training, professional role, and demographic particulars. Participants were also asked two questions regarding their feedback sessions and assessment recommendations. The first question asked whom they typically include in their feedback sessions, with response options (e.g., children and youth, parents and guardians, school staff) and an open-text field that allowed for new response categories. The second question assessed participants' perceptions of the feasibility, utility, and coherency of the recommendations they provide to clients, which was rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Psychoeducational Assessment Beliefs and Practices. To obtain a broad sense of clinician beliefs and practices related to psychoeducational assessment, we created a 28-item scale modeled after the Inventory of Therapist Work with Client Assets and Strengths Questionnaire (see the Assessment of Strengths subscale, Harbin et al., 2013; $\alpha = .91$). The first section of our scale consisted of 14 items ($\alpha = .90$) in which clinicians were asked about their assessment beliefs on a 6-point Likert scale ranging from 1 (*not important*) to 6 (*extremely important*). The second section consisted of 14 items ($\alpha = .85$) in which clinicians were asked about their assessment practices on a 7-point Likert scale ranging from 1 (*never*) to 7 (*every time*). Within each section, strengths-based items were aggregated to create scores reflecting perceived importance of strengths-based beliefs and engagement in strengths-based practices. To examine the extent to which clinicians gave consideration to both strengths and challenges in relation to assessment beliefs and practices, we also created proportional scores in each respective section (e.g., beliefs and practice). A strengths-based proportion score was calculated by dividing the subtotal of strengths items in each section by the total score of all strengths and challenges items. In other words, the clinician's consideration of client strengths was divided by

their consideration of both strengths and challenges. Proportional scores ranged from 0 to 1, with values closer to 0 reflecting beliefs and practices that are more strongly oriented towards challenges and values closer to 1 reflecting beliefs and practices that are more strongly oriented towards strengths.

SBA Implementation in Most Recent Assessment. To gauge the extent to which clinicians use a defined SBA in their assessment work, we created a 6-item scale based on the Inventory of Therapist Work with Client Assets and Strengths Questionnaire (see the Work with Strengths of Most Recent Client subscale, Harbin et al., 2013; $\alpha = .81$). At the start of the questionnaire, SBA was explicitly defined, based on previous research (Climie & Mastoras, 2015; Epstein, 2000; Sherman et al., 2006), as the following: "strengths-based assessment focuses on identifying and leveraging the unique strengths and resources of each individual to empower them and their families in addressing challenges." Clinicians were then instructed to rate the extent that they implemented this definition of SBA in different components of their most recently completed psychoeducational assessment case. Items were rated on a 5-point Likert scale ranging from 1 (*not at all*) to 5 (*extensively*), with the option of selecting 'not applicable' if SBA was not utilized. Responses were aggregated into a total score ($\alpha = .89$).

Reasons for SBA Use. Inspired by the Situational Motivation Scale (SIMS; Guay et al., 2000), we created a 6-item scale in which clinicians were asked to indicate either agreement (1) or disagreement (0) with reasons for using SBA in their assessment work. Items reflecting more internally-driven reasons for SBA implementation were aggregated into a total score ($\alpha = .48$). Of these intrinsic items, a Cronbach's alpha was only produced for items 2, 3, and 6 due to zero variance for item 4.

Analytic Plan

To ensure quality of data, preliminary inspection excluded participants who responded incorrectly to 2 of 3 attention checks (n = 3), completed the survey in an unusually short amount of time (based on an z score outlier analysis: M = 1015.79 seconds, n = 0), or engaged in long-string responding (indicative of bots; n = 0). Missing data analysis assessed the extent and distribution of items across study variables for which there was no response (excluding "not applicable" responses). A systematic missing data pattern was identified for item 24 of the Psychoeducational Assessment Beliefs and Practices scale ("Interpreting the tests in the contexts of children's/youths' strengths"), which revealed a missing response rate of 71.43% (n = 30). It was determined that a technical error in Qualtrics prevented participants before January 17, 2025 from seeing this item (an error since corrected). Given the high proportion of systematic missing data for this item, regression imputation was necessary to retain total scores, correlations, and regression analyses. This approach was selected due to the moderate-to-strong correlations between item 24 and other 'practice' items on the same scale (i.e., items 15 to 28), whereby variance and relationships among other variables were better preserved with reduced bias. This decision aligns with recommendations for using regression imputation when predictors are correlated with the missing item and missingness is predictable from known patterns (Enders, 2010; Schafer & Graham, 2002; Tabachnick & Fidell, 2019). Other variables with missing values (e.g., no response, "prefer not to answer/disclose") included region of practice (n = 4, 9.52%), gender (n = 2, 4.76%), and year of degree (n = 1, 2.38%). Missing data for items 1, 3, and 4 of the SIMS (1, 3, 5, and 7) were found to be relatively low (n = 1, 2.38% each).

Analyses entailed running descriptive statistics, calculating bivariate correlations, and then conducting two multiple regression analyses to predict SBA practice from clinician characteristics and beliefs in SBA. The first model included total SBA scores, and the second

model included SBA proportional scores (i.e., consideration to both strengths and challenges in relation to assessment beliefs and practices).

To maintain and protect participant privacy and confidentiality, specific data was suppressed due to small cell sizes ($n < 5$), thereby adhering to ethical guidelines (American Psychological Association, 2017; Information and Privacy Commissioner of Ontario, 2016; Tri-Council Policy Statement 2, 2022). In some response categories, the total sample size may not equal 42, and/or percentages may not sum to 100, due to participants endorsing multiple responses, rounding, missing data responses, and/or data suppression.

Results

Clinician Characteristics

Most clinicians identified themselves as White/European (>90.00%), women (>80.00%), and 40 to 50 years of age (<40.00%). The highest degree attained by most participants was a master's degree (>70.00%) and a majority were registered to practice in Ontario or the Atlantic Provinces (>30.00% each). All were employed within schools or school board settings, as per eligibility criteria, and over half reported also working in private practice (>50.00%). Average time since degree completion (from 2024) was 10.80 years (*SD* = 8.90). Insofar as experience providing psychoeducational assessments in a school setting, a nearly equal proportion of clinicians identified themselves as early- to mid-career (10 or fewer years of experience: 42.86%) vs. late-career (more than 10 years of experience: 57.14%). Most clinicians provided 10 or more psychoeducational assessments in schools per year (<90.00%) across multiple grade levels. Assessment feedback was commonly provided to parents or guardians (<90.00%) and, to a lesser extent, school staff (<60.00%). Many clinicians indicated that they provided feedback directly to children or youth (>40.00%) or jointly with children/youth and their parents/guardians (<50.00%). Some participants indicated that children or youth were included in their feedback sessions on a case-by-case basis, depending on factors such as age and diagnosis (<15.00%). This information is presented in Table 1.

Psychoeducational Assessment Beliefs and Practices

Within each section (e.g., beliefs and practices), scores reflected perceived importance of strengths-based beliefs (n = 9 items, *M* = 47.81, *SD* = 4.76, range = 38 to 54) and engagement in strengths-based practices (n = 9 items, *M* = 51.94, *SD* = 6.34, range = 42 to 63). Proportional scores for each section represented the extent to which clinicians considered both strengths and

challenges (strengths-based beliefs subtotal/beliefs total: n = 13 items, $M = 0.69$, $SD = 0.01$, range = 0.65 to 0.72; strengths-based practices subtotal/practices total: n = 13 items, $M = 0.67$, $SD = 0.02$, range = 0.61 to 0.70). Items and responses are presented in Table 2.

SBA Implementation in Most Recent Assessment

Responses from this scale were aggregated into a total score ($M = 24.31$, $SD = 4.35$, range = 16 to 38). Items and responses are presented in Table 3.

Reasons for SBA Use

Intrinsic reasons for SBA implementation were aggregated into a total score ($M = 3.45$, $SD = 1.06$, range = 0.00 to 4.00). Items and responses are presented in Table 4.

Spearman Correlations

Spearman correlations (Table 5) revealed several significant associations among SBA variables and clinician characteristics. SBA practice was strongly positively correlated with proportion of clinician consideration to both strengths and challenges in practice (i.e., SBA proportional practice; $\rho = .69$, $p < .001$), SBA beliefs (i.e., greater belief in the importance of SBA; $\rho = .53$, $p < .001$), proportion of clinician consideration to both strengths and challenges in beliefs (i.e., SBA proportional beliefs; $\rho = .38$, $p = .013$), and SBA implementation in most recent assessment ($\rho = .67$, $p < .001$). The proportion of SBA practice was also positively correlated with proportion of SBA beliefs ($\rho = .51$, $p < .001$) and extent of SBA implementation in most recent assessment ($\rho = .37$, $p = .015$). SBA beliefs were positively associated with SBA implementation in most recent assessment ($\rho = .59$, $p < .001$). The proportion of SBA beliefs was positively correlated with career stage ($\rho = .34$, $p = .030$) and SBA implementation in most recent assessment ($\rho = .38$, $p = .014$). Additionally, career stage and degree date were found to

be positively correlated ($\rho = .56$, $p < .001$). All other Spearman correlations were found to be weak and non-significant.

Pearson Correlations

Pearson correlations (Table 6) revealed several significant, positive associations. SBA beliefs were positively correlated with SBA practice ($r = .53$, $p < .001$), as well as SBA implementation in most recent assessment ($r = .54$, $p < .001$). SBA practice was positively correlated with the proportion of SBA practice ($r = .67$, $p < .001$), proportion of SBA beliefs ($r = .34$, $p = .026$), and SBA implementation in most recent assessment ($r = .66$, $p < .001$). The proportion of SBA practice was positively correlated with the proportion of SBA beliefs ($r = .52$, $p < .001$) and SBA implementation in most recent assessment ($r = .35$, $p = .024$). Career stage was positively correlated with the proportion of SBA practice ($r = .33$, $p = .035$) and degree date ($r = .60$, $p < .001$). All other Pearson correlations were found to be weak and non-significant.

Multiple Regression

Multiple regression was conducted (see Table 7) to predict SBA practice from SBA beliefs, years since degree, career stage, and assessment workload. Career stage was categorized based on years of experience conducting school-based assessments, with "early- to mid-career" defined as less than or equal to 10 years of experience and "late-career" as more than 10 years. Assessment workload was defined as the number of school-based assessment conducted annually, grouped into "low to moderate" (less than or equal to 10 assessments per year) and "high" (more than 10 assessments). Variance inflation factors for all predictors were below 2, indicating no concerns with multicollinearity. The overall model was statistically significant, $R^2 = .42$, $F(4, 36) = 6.53$, $p < .001$. SBA beliefs ($B = 0.70$, $t = 3.94$, $p < .001$) and career stage ($B = 4.70$, $t = 2.29$, $p = .028$) were found to be significant predictors of general SBA practice.

Assessment workload (B = -4.13, t = -1.64, p = .109) and years since degree (B = -0.16, t = -1.35, p = .185) were not significant predictors of SBA practice.

Another multiple regression was conducted (see Table 8) to predict SBA proportional practice from SBA proportional beliefs (i.e., consideration to both strengths and challenges), years since degree, career stage, and assessment workload. Variance inflation factors for all predictors were below 2, indicating no concerns with multicollinearity. The overall model was statistically significant, R^2 = .40, $F(4, 36) = 5.89$, $p < .001$. SBA proportional beliefs (B = 0.79, t = 3.40, $p < .01$) and career stage (B = 0.02, t = 2.50, p = .017) were found to be significant predictors of SBA proportional practice. Assessment workload (B = -0.01, t = -1.53, p = .134) and years since degree (B = -0.001, t = -1.48, p = .148) were not significant predictors of SBA practice.

Discussion

Our study explored beliefs and practices of Canadian school psychologists and psychological associates in their use of SBA to psychoeducational assessment. We also wanted to investigate what may be associated with higher endorsement and incorporation of SBA. Specifically, we wanted to determine if clinician characteristics (e.g., number of annual assessments conducted, years of experience, years since degree, motivation and belief in SBA) predicted their approach to psychoeducational assessment.

Clinicians reported relatively high engagement with both strengths-based beliefs and practices. Mean scores for strengths-based beliefs and strengths-based practices revealed that clinicians perceived SBA as important and reported incorporating them into their assessments to a considerable extent. The observed ranges from these two scales suggest variability among clinicians, with some placing a stronger emphasis on SBA than others. Proportional scores also provided further insight into clinician' beliefs and practices regarding the consideration of client strengths and challenges. The mean proportional scores for beliefs and practices suggests that clinicians are generally adopting balanced assessment approaches (i.e., consideration of both strengths and challenges). This is consistent with the philosophy and practice of SBA, which emphasizes the integration of both challenges and strengths to fully understand the whole individual (Rhee et al., 2001). Mean scores from the SBA implementation scale suggested that clinicians are making meaningful efforts to engage in strengths-based practices in their most recent assessments. However, the variability observed reflects some differences in how consistently or comprehensively SBA is implemented across practitioners.

Across both Spearman and Pearson correlational analyses, several meaningful associations emerged among SBA beliefs, practices, and clinician characteristics. SBA practice

was moderately to strongly positively correlated with SBA beliefs, proportion of SBA practice and beliefs, and SBA implementation in the clinician's most recent assessment. Career stage also emerged as a relevant clinician characteristic, showing positive correlations with proportional SBA beliefs and practices.

Consistent with our hypothesis, clinicians who reported stronger beliefs in the importance of SBA were more likely to report using SBA, both generally and with their most recent assessment client. This finding aligns with prior research suggesting that clinician beliefs shape how assessment information is collected, interpreted, and communicated to stakeholders (Cox, 2006; Harbin et al., 2013). In our multiple regression models, both beliefs in SBA and proportional beliefs in SBA (i.e., consideration of both strengths and challenges) were found to be strong predictors of SBA practice.

Career stage also emerged as a significant predictor in both of our models, with late-career clinicians exhibiting higher SBA general practice and consideration to both client strengths and challenges in practice. This finding appears to support our hypothesis and previous research that increased years of clinical training and experience results in greater acquisition and solidification of assessment skills, such as SBA (Vempaty, 2018). In a UK study on therapies relating to post-traumatic stress disorder (PTSD), years of experience predicted clinical confidence and use of evidence-based approaches (Finch et al., 2020). Within the context of our study, it appears that experienced clinicians are more confident in adopting strengths-based practices and balanced assessment approaches.

While career stage predicted SBA practice, neither years since degree nor number of annual assessments were found to be statistically significant predictors. Although we had originally hypothesized that more assessments conducted might be negatively associated with

SBA practice (e.g., time constraints, standardized report templates), this was not supported through our models. As well, reasons for SBA use (i.e., intrinsic motivation) was not found to be significantly associated with SBA practice.

Implications

These findings have important implications for both professional training and school-based assessment contexts. One of the most impactful findings was that of the strong relationship between positive beliefs about SBA and the practice of SBA. This suggests that implementation and consistency of SBA practices can be promoted through targeted efforts to shift clinician attitudes towards SBA. These targeted efforts may include expanding coursework, workshops, and practicum experiences that prioritize holistic case conceptualization, client-centered report writing, and stakeholder collaboration in the assessment process. As well, tools like the IT-WAS provide clinicians with ways in which to incorporate client strengths into an assessment and can be utilized at training sites and clinics to assess and monitor clinicians' SBA training (Harbin et al., 2013; Vempaty, 2018). Given the consistent evidence demonstrating the value that students, families, and teachers place on receiving SBA (Anderson et al., 2024; Bozic, 2013; Brownlee et al., 2012; Cox, 2006; Donovan & Nickerson, 2007; Epstein, 2000; McCammon, 2012; Wellborn et al., 2012), it is essential to prioritize its meaningful integration into psychoeducational assessment practice. While previous theoretical literature has noted that SBA are rarely integrated into school-based assessment and report writing practices (Climie & Henley, 2016; Mastoras et al., 2011), our current study suggests that this trend may be shifting. Although SBA may still be inconsistently implemented across different school boards or regions, the majority of clinicians in our sample reported using SBA at least some of the time across the assessment process (e.g., interviewing, test interpretation, report writing, feedback). The information gleaned

from our study may be useful for school boards to consider when adjudicating their own assessment practices. These findings may suggest growing awareness of SBA within school psychology, as well as increased emphasis on SBA training in graduate programs (Vempaty, 2018).

While SBA is beneficial and valued by clinicians and clients alike, it may prove challenging to implement equitably across students, particularly with those who present with complex needs (Caiels et al., 2024) or less apparent, observable strengths. A proposed SBA framework that may ameliorate these difficulties is the leveraging strengths assessment and intervention model (LeStAIM; Laija-Rodriguez et al., 2013). The goals of the LeStAIM framework are threefold: identify students' cognitive, academic, and social-emotional strengths, assets, and needs; support students and their families in understanding these strengths, assets, and needs; and guide families and school professionals in leveraging identified strengths to inform individualized and multi-systemic interventions that promote optimal outcomes (Laija-Rodriguez et al., 2013). For instance, a "leveraging strengths through a strength-to-strategy plan" can synthesize findings from an assessment report with three specific areas: "works great" (i.e., strengths and assets), "works" (i.e., adequacies), and "working on" (i.e., weaknesses; Laija-Rodriguez et al., 2013). Understanding that strengths can encompass a variety of skills and resources (e.g., memory, interpersonal relationships, using a computer), empowers students to define and pursue their own unique version of success.

Strengths and Limitations

Given the growing interest in SBA and the lack of comprehensive data on how SBA is implemented in school contexts, an environmental scan offers a unique investigation into current practices and barriers. Beginning the scan with Canadian school settings provides a structured

entry point for understanding how SBA is, or is not, being incorporated into routine psychoeducational assessment practices. Through our investigation, we began to fill a significant gap in the literature around the beliefs, practices, and motivation underlying SBA by school-based clinicians in Canada, which no previous national studies have done. Additionally, the use of both absolute and proportional SBA scores provide a nuanced view of how strengths can and should be balanced with deficits in psychoeducational assessment work. This will be invaluable in providing clinicians with knowledge in maintaining a balanced approach of highlighting strengths and addressing challenges (Climie & Henley, 2016; Mastoras et al., 2011).

However, several limitations must be acknowledged. Our sample size, while adequate for preliminary analyses, remains small and may limit generalizability of our findings. Our study is also cross-sectional and based on self-report data, which may be influenced by social desirability bias or recall inaccuracies. Our survey was only distributed to the largest English-speaking public school boards and their clinicians, so other perspectives may be excluded and missing from our interpretations (e.g., French-speaking school boards, remote communities, private schools). Furthermore, it may be possible that other confounding variables (e.g., workplace climate, administrative load, consultation, supervision) may explain further variability in SBA application.

Future Directions

This study is the first step in a program of Canada-wide research that will examine the beliefs, practices, and outcomes of psychoeducational assessment through the complementary perspectives of clinicians and students. As part of the next phase, we will continue exploring these alternative, but equally important, perspectives through qualitative interviews with youth who have recently completed a psychoeducational assessment. We aim to ascertain what youth

remember about their personal experience with the assessment, as well as whether the nature of the assessment they received (i.e., strengths-based vs. traditional) influences the way they feel and think about themselves.

Future research should consider employing qualitative methods to further explore clinicians' decision-making processes regarding SBA use, including internal or external factors that enable or hinder their strengths-based practice. Additional research should also examine the impact of formal SBA training programs for clinicians and assess whether such interventions lead to measurable changes in clinician confidence, report quality, and client satisfaction (e.g., pre- and post-intervention). Previous report audits have focused on graduate students' psychology report writing skills (Eriksen & Cormier, 2025). Future studies should analyze the actual content of psychoeducational written reports, specifically how client strengths are documented.

Future studies could explore the generalizability of these findings across different assessment settings. Since the current study focuses on school-based contexts, which are typically publicly funded and involve multidisciplinary teams, it is largely unknown whether clinicians in other settings share similar beliefs and practices in SBA. Investigating clinician uptake of SBA across public and private contexts would offer a more nuanced understanding of the influences on assessment practice.

Conclusion

In summary, our study represents an important step toward understanding how Canadian school psychologists and psychological associates conceptualize and apply SBA to psychoeducational assessment. Clinicians who value SBA are more likely to implement it in their practice, and those further along in their careers may also be inclined to do so. SBA offers promising practices to foster positive educational environments and student resilience, which may have particular benefits for youth who have historically been viewed through a traditional deficit-focused lens. Ongoing research and training are essential to ensure that SBA are not only endorsed in theory but also practiced consistently in Canadian school-based assessment contexts.

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Appendix: Tables

Table 1

Participant Characteristics

Characteristic	n	%
Gender		
[Cisgender or transgender] man	>5	<15.00
[Cisgender or transgender] woman	<35	>80.00
Preferred not to disclose	<5	<5.00
Age (in years)		
Under 30	<35	>10.00
30 to 40	>5	>30.00
40 to 50	>5	<40.00
50 to 60	>5	<20.00
Race/ethnicity		
Black/Afro-Caribbean/African	<5	<5.00
South East Asian	<5	<5.00
Central Asian	<5	<5.00
White/European	>35	>90.00
Preferred not to disclose	<5	<5.00
Highest level of educational attainment/degree		
Master's degree (e.g., MA, MSc, MEd)	<35	>70.00
Doctor of Philosophy (PhD)	>5	<20.00
Doctor of Psychology (PsyD)	<5	<5.00

Doctor of Education (EdD)	<5	<5.00
Region of practice*		
Atlantic	>5	>30.00
Ontario	>5	>30.00
Prairies	>5	<30.00
Quebec	<5	<10.00
Territories	<5	<5.00
Sectors of assessment work*		
Schools/school board	42	100.00
Community-based mental health clinic/office	<5	<5.00
Private practice/office	<35	>50.00
Hospital	<5	<5.00
Years of experience in school assessments (i.e., career stage)		
Less than or equal to 10 years (“early to mid-career”)	18	42.86
More than 10 years (“late-career”)	24	57.14
Number of school assessments per year (i.e., assessment workload)		
Less than or equal to 10 assessments (“low to moderate”)	<35	>10.00
More than 10 assessments (“high”)	>35	<90.00
Age group of clients (students)*		
Junior to senior kindergarten	26	61.90
Grades 1 to 8	42	100.00
High school	33	78.57
Assessment feedback party involvement*		

Children and youth	>5	>40.00
Children and youth depending on age and/or diagnosis	>5	<15.00
Parents/guardians	>35	<90.00
Children/youth and parents	<35	<50.00
School staff	<35	<60.00
Private clinicians/services	<5	<5.00

	n	M	SD	Min	Max	Skew	Kurtosis
Degree Date (from 2024)	41	10.80	8.90	0	31	0.67	-0.67
Recommendations	42	4.12	0.63	2	5	-1.22	3.80

Note. Due to small cell sizes ($n < 5$), some data has been suppressed to maintain and protect participant privacy and confidentiality (American Psychological Association, 2017; Information and Privacy Commissioner of Ontario, 2016; Tri-Council Policy Statement 2, 2022).

*$n \neq 42$ and/or percentages may not sum to 100 due to participants endorsing multiple responses, rounding, missing data responses, and/or data suppression.

Table 2

Psychoeducational Assessment Beliefs and Practices Scale

Item	*M*	*SD*	Min	Max	Skew	Kurtosis
How important do you think the following are?						
1. Asking parents/guardians about their child's challenges in school	5.60	0.66	4	6	-1.31	0.39
2. Asking parents/guardians about their child's challenges in areas other than school	5.50	0.77	3	6	-1.39	1.11
3. Asking parents/guardians about their child's strengths in school[a]	5.52	0.67	4	6	-1.03	-0.21
4. Asking parents/guardians about their child's strengths in areas other than school[a]	5.62	0.58	4	6	-1.18	0.33
5. Asking children/youth about their challenges in school	5.50	0.67	4	6	-0.94	-0.35
6. Asking children/youth about their challenges in areas other than school	5.21	0.95	3	6	-1.09	0.21
7. Asking children/youth about their strengths in school[a]	5.50	0.71	4	6	-1.01	-0.37
8. Asking children/youth about their strengths in areas other than school[a]	5.55	0.67	4	6	-1.12	-0.04

9. Selecting assessment tools that take the strengths of children/youth into account[a]	4.83	1.06	2	6	-0.52	-0.52
10. Interpreting the tests in the contexts of children's/youths' strengths[a]	5.33	0.61	4	6	-0.30	-0.77
11. Assessing the resiliency of children/youth (i.e., their ability to bounce back after adversity or challenge)[a]	4.64	1.06	2	6	-0.49	-0.14
12. Assessing protective factors of children/youth (e.g., familial supports, peer relationships, areas of interest, etc.) [a]	5.14	0.90	3	6	-0.67	-0.61
13. Making an effort to build on a child/youth's strengths in recommendations[a]	5.67	0.53	4	6	-1.17	0.25
14. Emphasizing both the strengths and challenges of a child/youth when providing feedback (e.g., in-person feedback, handouts/resources, written reports)	5.86	0.35	5	6	-1.97	1.92
How often do you do the following in your work?						
15. Asking parents/guardians about their child's challenges in school	6.86	0.35	6	7	-1.97	1.92

16. Asking parents/guardians about their child's challenges in areas other than school	6.50	0.77	4	7	-1.39	1.11
17. Asking parents/guardians about their child's strengths in school[b]	6.43	0.74	5	7	-0.83	-0.75
18. Asking parents/guardians about their child's strengths in areas other than school[b]	6.60	0.66	5	7	-1.31	0.39
19. Asking children/youth about their challenges in school	6.60	0.66	5	7	-1.31	0.39
20. Asking children/youth about their challenges in areas other than school	6.00	1.06	4	7	-0.60	-1.00
21. Asking children/youth about their strengths in school[b]	6.40	0.83	4	7	-1.34	1.15
22. Asking children/youth about their strengths in areas other than school[b]	6.17	0.99	4	7	-0.92	-0.30
23. Selecting assessment tools that take the strengths of children/youth into account[b]	4.71	1.47	2	7	-0.41	-0.63
24. Interpreting the tests in the contexts of children's/youths' strengths[b,c]	6.08	0.74	4	7	-0.56	-0.34
25. Assessing the resiliency of children/youth (i.e., their ability to bounce back after adversity or challenge)[b]	4.14	1.57	1	7	-0.08	-0.74

26. Assessing protective factors of children/youth (e.g., familial supports, peer relationships, areas of interest, etc.)[b]	5.12	1.53	1	7	-0.51	-0.39
27. Making an effort to build on a child/youth's strengths in recommendations[b]	6.29	0.94	4	7	-0.91	-0.52
28. Emphasizing both the strengths and challenges of a child/youth when providing feedback (e.g., in-person feedback, handouts/resources, written reports)	6.71	0.55	5	7	-1.72	1.96

Notes. [a] Items 3, 4, 7, 8, 9, 10, 11, 12, and 13 were summed to produce the SBA Beliefs score. [b] Items 17, 18, 21, 22, 23, 24, 25, 26, and 27 were summed to produce the SBA Practices score. [c] Item was imputed using regression-based estimation.

Table 3

SBA Implementation in Most Recent Assessment Scale

Item	*M*	*SD*	Min	Max	Skew	Kurtosis	Not applicable n (%)
To what extent did you use SBA in your most recent psychoeducational assessment with a child or youth?							
1. Clinical interview	4.12	0.78	2	5	-0.51	-0.40	1 (2.38)
2. Selection of tests and measures	3.07	0.93	1	5	0.04	-0.76	1 (2.38)
3. Testing sessions with child/youth	4.00	0.84	2	5	-0.25	-1.01	1 (2.38)
4. Case formulation	4.17	0.80	2	5	-0.58	-0.48	1 (2.38)
5. Report writing	4.12	0.77	2	5	-0.51	-0.34	0 (0.00)
6. Feedback (e.g., with child/youth, family, school)	4.52	0.63	3	5	-0.93	-0.27	0 (0.00)

Table 4

Reasons for SBA Use Scale

Item	Agreement		Not applicable		Prefer not to answer	
	n	%	n	%	n	%
1. I am required to use SBA in my work	3	8.11	4	9.52	1	2.38
2. SBA makes my work enjoyable[a]	36	94.70	4	9.52	0	0.00
3. I find SBA interesting[a]	36	97.30	4	9.52	1	2.38
4. I believe that SBA is helpful for my clients[a]	40	100.00	1	2.38	1	2.38
5. Others have told me that I should be using SBA	13	33.30	3	7.14	0	0.00
6. SBA is enjoyable for my clients[a]	33	97.10	5	11.90	3	7.14

Note: [a] Items 2, 3, 4, and 6 were summed to create a score reflecting internally-driven reasons for using SBA in assessment.

Table 5

Spearman Correlations

Variables	2	3	4	5	6	7	8	9	10
1. SBA Practice	0.69***	0.53***	0.38*	0.67***	-0.002	0.05	0.21	-0.26	0.06
2. SBA Proportional Practice		0.30	0.51***	0.37*	-0.09	0.01	0.27	-0.23	0.05
3. SBA Beliefs			0.28	0.59***	0.07	0.17	0.19	-0.12	-0.09
4. SBA Proportional Beliefs				0.38*	-0.16	0.21	0.34*	-0.10	-0.13
5. Most Recent SBA Implementation					0.18	0.01	0.21	-0.06	0.02
6. Intrinsic Reasons for SBA Use						0.10	-0.04	0.06	0.14
7. Degree Date							0.56***	0.04	0.06
8. Career Stage								0.13	-0.003
9. Assessment Workload									-0.02
10. Recommendations									

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 6

Pearson Correlations

Variables	2	3	4	5	6	7	8	9	10
1. SBA Practice	0.67***	0.53***	0.34*	0.66***	-0.11	0.10	0.26	-0.25	0.06
2. SBA Proportional Practice		0.24	0.52***	0.35*	-0.08	0.08	0.33*	-0.22	0.09
3. SBA Beliefs			0.15	0.54***	0.12	0.18	0.15	-0.14	-0.19
4. SBA Proportional Beliefs				0.23	-0.16	0.16	0.17	-0.16	-0.11
5. Most Recent SBA Implementation					-0.06	0.01	0.17	-0.06	-0.05
6. Intrinsic Reasons for SBA Use						0.05	-0.13	-0.05	0.17
7. Degree Date							0.60***	-0.01	-0.09
8. Career Stage								0.13	0.01
9. Assessment Workload									-0.05
10. Recommendations									

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 7

Multiple Regression Analysis Predicting SBA Practice

Predictor	*B*	*SE*	*t*	*p*
Career Stage	4.70	2.05	2.29	.028
Degree Date	-0.16	0.12	-1.35	.185
Assessment Workload	-4.13	2.51	-1.64	.109
SBA Beliefs	0.70	0.18	3.94	< .001
Model	$R^2 = .42$, $F(4, 36) = 6.53$, $p < .001$			

Table 8

Multiple Regression Analysis Predicting SBA Proportional Practice

Predictor	*B*	*SE*	*t*	*p*
Career Stage	0.02	0.01	2.50	.017
Degree Date	-0.001	0.0004	-1.48	.148
Assessment Workload	-0.02	0.01	-1.53	.134
SBA Proportional Beliefs	0.79	0.23	3.40	.0017
Model	$R^2 = .40$, $F(4, 36) = 5.89$, $p < .001$			