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Counselling within Inuit Systems in Canada's North

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Article abstract

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Abstract

This article builds upon limited resources available to support counsellors working with the Inuit population in Nunavut, Canada. The author discusses the history of Inuit culture with a focus on the intergenerational trauma that stemmed from colonialism, forced assimilation, and the Canadian government's sovereignty efforts. This article addresses the loss of cultural identity that resulted among Inuit people due to these events. An analysis of current statistics and drawing on literature that discusses differences between Northern and Southern Canada reveals the stark prevalence of psychosocial issues such as drug and alcohol abuse and family violence. The modernization of society has contributed to the gap between traditional and modern Inuit culture. This population is in a state of cultural transition and therefore requires culturally sensitive and knowledgeable counsellors. It is the position of the author that by using a family systems therapy approach, the interventions would more closely align with Inuit values and therefore be the best choice when counselling Inuit clients.

Introduction

The territory of Nunavut is a unique part of Canada due to its remote location, its high percentage of Inuit people (81% of 37, 000 people) (Nunavut Bureau of Statistics, 2014), and its distinction from many other parts of Canada. Nunavut – like many First Nations communities, reserves, and towns – is home to a difficult history of colonialism, residential school systems, and sovereignty efforts which disregarded the culture of First Nations and Inuit people. Even decades after the last residential school closed its doors, it is in Canada's North where the intergenerational effects of residential schools are most acutely felt (Davison, 2014). The sudden and drastic changes to the Inuit way of life have had lasting impacts on Inuit culture to this day. With the rapid modernization of society, many Inuit people are left trying to connect with the way their ancestors were raised. The ever-increasing presence of non-Inuit service providers, government personnel, and health care workers further distance Inuit individuals from their traditions. The need for mental health support in Nunavut is great. Individuals struggling with past

trauma, substance abuse, identity crises, and family issues, are looking for counsellors that understand their needs and culture. Therapists who wish to provide culturally sensitive therapy to the Inuit population in Canada's North should have an understanding of the traditionally collectivist Inuit social structure, the history of colonialism, and the resulting psychosocial issues. Drawing on family systems therapy which encompasses familial, cultural, and historical dimensions, combined with Inuit societal values is a very beneficial approach. Despite a host of psychosocial issues, housing shortages, food insecurity, and an education system that doesn't measure up to national standards (Healey, 2010); the territory is made up of people with incredible strength and resiliency.

Gaining background knowledge of Inuit culture

Counsellors working in Canada's North should educate themselves on the history of Inuit culture in order to understand the social and environmental factors affecting their clients. Inuit societal values or Inuit Qaujimajatuqangit translates into, "the Inuit way of doing things: the past, present and future knowledge, experience and values of Inuit Society" (IQ Task Force, 2002, p. 4). Knowledge of these values would assist counsellors by providing them with a better understanding of Inuit clients, thus strengthening their cultural sensitivity. As part of the commitment in the Nunavut Land Claims Agreement, the Government of Nunavut created an all-encompassing mission statement of these principles in order to incorporate both traditional and contemporary values of Inuit people (Arnakak, 2002). Today, Inuit Qaujimajatuqangit has been adapted for practical use in government, public sector, and private organizations. It is guided by several principles which involve acquiring skills and knowledge that encourage one to provide for their community, as well as environmental stewardship which is viewed holistically as including people and wildlife (Arnakak, 2002). All of these guiding principles overlap, revealing the foundation of this society which values the interconnected nature of all involved. These principles provide evidence that Inuit society was built upon community values, shared responsibility, and using consensus for problem solving (Tagalik, 2012). Today they are accepted and integrated within Inuit society.

Colonialism has caused psychosocial issues that are antithetical to mental and holistic health. Survivors of this era experienced isolation, separation from family, loss of identity and loss of their language and culture (Carriere & Richardson, 2013). Young children were often forcibly removed from their homes and communities to attend residential schools which were federally-supported and church-operated (Davison, 2014). Many children were inadequately fed and all lacked the care and nurturing of parents, grandparents, and supportive communities (Harper, 2008). Those who survived residential school returned to families they no longer knew, to cultures and traditions with which they had lost touch (Davison, 2014), and were left to start families of their own. Children who grew up in the residential school system did not have consistent parent role models. As a result, when they later became parents, many re-enacted the same abusive practices. Research by Davison (2014), Dell et al. (2011), Kral (2014), and Sider (2014) suggested that the residential school experience has significantly contributed to drug and alcohol abuse, violence, and sexual abuse issues, compared to non-First Nations and non-Inuit Canadians. It has been found that adults who were reared in dysfunctional settings as children are more prone to psychological distress as adults (Mackrill, Elklit, & Lindgaard, 2012). Thus, the cascading effects of the residential school experience are still felt today; children of survivors that were raised in dysfunctional families are often at risk of repeating the same abusive practices with their own children.

The forced assimilation of Inuit people into Western society caused a significant loss of cultural values and identity within the Inuit population. Elders were no longer valued for their knowledge, thus halting the transmission of traditional practices. This loss has inflicted pain on Inuit society that is only now being understood in Nunavut and across Canada.

Inuit people in Nunavut have faced an immense amount of change in their history; although restoring their culture to pre-colonialism state is likely not realistic, counsellors working in Canada's North can offer appropriate support throughout this cultural transition. Making sure that Inuit people have mental health support that acknowledges their collective experiences and incorporates the historical, cultural and societal contexts of their culture is critical. One way to gain knowledge of these contexts is by learning about traditional counselling practices.

Drawing from traditional Inuit counselling practices

Few written accounts of traditional Inuit counselling practices exist; however, a book entitled *Ilagiinniq: Interviews on Inuit family values* from the Qikitani Region includes interviews with elders from the territory who wished to pass on their knowledge. From these stories, one can see how traditional counselling was conducted in Inuit culture (Niutaq Cultural Institute, 2011).

As Inuit people traditionally lived in small, tight-knit communities, when one person was having personal or familial problems, the whole community was affected (Niutaq Cultural Institute, 2011). It was in the best interests of the entire community to help people with their struggles. An elder discussed that if someone was struggling, they were expected to handle their problems on their own; however, if people in the community started to notice these problems, attention would be brought to the elders. Certain elders would be designated to counsel others, and those chosen for this position were thought of as specialists in human behaviour and good advisers. The process of traditional counselling would commence with the elders discussing what they should do until they reached consensus. Then the person causing disturbances would be brought to either one-on-one counselling with an elder or to a group of elders, sometimes using a false pretense to draw the individual in. The elders would reprimand the individual until he or she took responsibility for their actions and confessed wrongdoing. At times, counselling would involve physically holding the person's face up if they felt ashamed and tried to look at the floor. Those being counselled would often be brought to tears as it was seen as important to let out all emotions. If counselling did not work the first time, the individual would be counselled repeatedly. Elders were responsible for teaching the community to live a good life together as those who tried to survive alone would only end up injured or dead. Group consensus with the whole community was sometimes used in counselling practice where the community would surround the individual while the elders talked to them. This method was also thought to prevent gossiping (Niutaq Cultural Institute, 2011).

As explained in this account of traditional counselling practices, one can see that individualistic counselling was not as preferred. It was the understanding that the actions of one individual could affect the entire community; therefore, everyone was responsible for helping the individual heal. Family systems therapy utilizes aspects of this traditional approach such as reaching consensus and soliciting support from family members who could assist with the process of healing. However, aside from counsellors in Nunavut equipping themselves with knowledge of Inuit history, the mental health workforce first needs to be expanded.

Unique psychosocial issues among Inuit in Nunavut

It is common to see devastating statistics in the media which reveal problems in Northern Canada. The limited resources are not for lack of need, as the statistics set the territory of Nunavut apart compared to the rest of Canada. The issues discussed in the following section are not unique to Nunavut or Inuit people. Rather, the statistics show a striking prevalence of these issues within a very small population.

According to 2011 census data, the highest rates of police-reported family violence were found in the territories. The rate of family violence per 100,000 people was 3,294 in Nunavut compared to an average of 279 for the whole of Canada (Nunavut Bureau of Statistics, 2013). This rate does not account for the numerous cases of family violence that go unreported. Perhaps the most tragic statistic in Nunavut is the high rates of attempted and completed suicide in the territory. Suicide in Nunavut occurs at a rate of about 110 deaths per 100 000 people, which is about 10 times the rate in the rest of Canada (11 per 100 000) (Eggertson, 2013). Researchers from McGill University found high rates of childhood sexual and physical abuse, depression, as well as alcohol and marijuana abuse in the histories of 120 people who took their own lives between 2003 and 2006 (Chachamovich & Tomlinson, 2013). Rates of suicide attempts and suicidal ideation (thoughts of dying by suicide) are also very high in Nunavut (Chachamovich & Tomlinson, 2013). Victims of childhood abuse attempt or complete suicide significantly more often than those who were not maltreated in childhood (Chachamovich & Tomlinson, 2013). By identifying the reasons behind suicidal behaviours one can better understand the realities individuals in Nunavut face and the need for appropriate assistance.

From their extensive study of determinants of suicide in Nunavut, Chachamovich and Tomlinson (2013) concluded:

the rapid increase in suicidal behaviour in recent decades, especially among young people, is probably the result of a change in the intensity of social determinants – among them is the intergenerational transmission of historical trauma and its results [which may include] increased rates of emotional, physical, and sexual abuse, violence and substance abuse, etc. (p 51).

This research suggests a correlation between high rates of suicide and the prevalence of psychosocial issues in the territory. The following section will discuss several independent, yet often interrelated, psychosocial issues including historical trauma, substance abuse, and family violence.

Historical trauma

Historical trauma can be defined as multigenerational trauma experienced by a specific cultural group. It manifests in a range of dysfunctional behaviours that then inform the learning environment of subsequent generations (Pihama et al., 2014). Historical trauma is particularly destructive as it effects those who were directly and indirectly involved in the event(s). Some people who suffered during those years have since healed, but many others are passing historical trauma on to their children (Hicks, 2009). Survivors are now adults with their own children. The current generation of young people is now being raised by those whose parents had been students in the schools. The ripple effect of damaging parenting practices and traumatization are being passed down through the years (Davison, 2014).

Children who are raised in dysfunctional homes are at risk of psychological distress as adults. Some of the factors which constitute a dysfunctional home are: the presence of mental illness, the presence of substance abuse, witnessing or being the victim of violence and the absence of one or both caregivers (Mackrill et al., 2012). Adult children from dysfunctional families often develop coping strategies which helped them survive their tumultuous upbringing, but manifest as unhealthy patterns in adulthood. Thus, a common avenue for intergenerational transmission of historical trauma is family dysfunction, which impacts the social and emotional well-being of children through high rates of adverse childhood experiences (Hicks, 2009). The experience of being removed from the family home as a child to attend a residential school that imposed strict rules, a new language and in some instances physical, sexual, and emotional abuse has caused immense trauma among survivors. Those who survived their experience often turned to alcohol and drugs to cope with their pain (Kral, 2013).

Substance abuse

High rates of alcohol and drug abuse persist in the territory despite the complete prohibition of alcohol in some Nunavut communities. Various complexities related to alcohol abuse exist which add to the importance of counsellors gaining an understanding of the factors that influence problem drinking (a spectrum of alcohol use that may result in numerous health, legal and social problems). According to Kral (2013), alcohol appears to be more of a problem for the middle-aged, residential school generation. Among Inuit, alcohol-related suicide, family violence, and disruption to family are frequent (Seale, Schellenberger, & Spence, 2006). Heavy drinking (five drinks or more on a single occasion) is common in parts of Nunavut with close to 9 out of 10 consumers having drunk heavily at least once in the past year (Nunavik Inuit Health Survey, 2004). Alcohol use is also linked to homicide, family violence, and numerous health problems (Seale et al., 2006).

The most prevalent drug in Nunavut is marijuana (Kral, 2013). However, solvent abuse is becoming more common, especially among Inuit youth. Solvent abuse among First Nations and Inuit youth has been linked to high rates of poverty, boredom, loss of self-respect, unemployment, family breakdown, as well as poor social and economic structures (Dell et al., 2011).

Magnifying substance abuse problems further is the lack of in-territory addictions treatment facilities. With limited addictions resources, interventions are almost always made by police and hospital staff. Once the individual is assessed as no longer a danger to themselves or others, they are discharged and generally return back to their home. Further, those who are sent out of territory for addictions treatment return to their community with limited after-care resources (Healy, 2010). Counsellors working in Canada's North should be prepared to assist Inuit clients with complex substance abuse issues with little in-territory assistance. Alcohol is often used as a coping strategy for adults brought up in dysfunctional families. The risk for further dysfunction increases in these families as the problematic use of alcohol is greatly associated with the presence of violence among couples in Nunavut today (Burkhardt, 2004).

Family violence

It is not uncommon for Inuit children to witness violence between parents, most commonly, the father abusing the mother (Kral, 2013). A report titled, *Qanuippitali Inuit Health Survey: 2007–2008*,

revealed 31% of respondents had been victims of severe physical abuse during childhood (Eggertson, 2013). Taking out pain and suffering on those closest to the traumatized individual through physical, emotional and sexual abuse is a common dysfunctional coping pattern. The most notable and negative effect of colonial history among Inuit appears to have been on family relations, providing yet another example of cultural discontinuity (Kral, 2013). Individuals reared in an environment where physical, sexual, and emotional abuse was common, may be predisposed to using violence also. Individuals living in the territories are at far greater risk of being a victim of violence than anywhere else in the country (Davison, 2014).

The Qanuippitali Inuit health survey indicated a staggering 41% of Inuit in Nunavut suffered severe sexual abuse as children (Eggertson, 2013). Individuals who experience these and other types of maltreatment in childhood are more prone to psychological distress as adults. Child abuse and sexual traumatization have long-lasting effects on mental health, such as a wide variety of cognitive and emotional disturbances, later problems with drug and alcohol abuse, risky sexual behavior, a tendency to become overweight, and higher risk for criminality both in childhood and in adulthood (Jacobi, Dettmeyer, Banaschak, Brosig, & Herrmann, 2010). Coping with psychological distress is made more difficult for individuals in Nunavut who are also navigating major cultural changes in their society.

Modernization of society

Although numerous factors have impacted changes in Inuit society, this article has discussed colonialism and residential schools as the catalysts for a process of change that has continued on. After the residential schools closed, individuals moved home, and settlements began growing into communities. The territorial government was shifting, police presence was larger and health care centers with Western medicine practices were being opened. Schools with non-Inuit teachers were opening and people from Southern Canada were moving to the Northwest Territories (present-day Nunavut) to work. Today, many high-level government jobs are filled with non-Inuit employees. Therefore, government priorities may move further away from traditional values as Inuit priorities may not align with the Western wage-based economy. In a study by Brown, Fraelich, and Ahnunggoonhs (2013), researchers surveyed social workers in a First Nations community regarding job satisfaction. Results concluded that among First Nations social workers living and working in their home community, job satisfaction came primarily from serving their community. Participants did not report money as a benefit to working in their own community, nor did they describe moving up in their job. Instead of personal autonomy, participants referenced their appreciation of teamwork and collective efforts of staff as well as the agency as a whole (Brown, Fraelich, and Ahnunggoonhs, 2013).

Today, there is less reliance on knowledge from Elders, thus less transmission of traditional cultural identity. There are lower levels of Inuit language acquisition among youth, causing language barriers between youth and elders, which is one aspect that contributes to a change in cultural identity (Tagalik, 2012). School systems are attempting to encourage more youth to acquire traditional knowledge. For example, elders will be incorporated more prominently into Nunavut schools for teacher and student support. At times, positions may include supportive counselling services in conjunction with the School Community Counsellor and Guidance Counsellor (Laugrand & Oosten, 2011).

Cultural identity is a central part of healing, recovery, and empowerment. The Inuit cultural

identity is a holistic entity that takes into account social, historical, and communal experiences. At all levels of service in Nunavut, support is needed that addresses the shame that some people carry regarding the residential school experience and other experiences of trauma and the need for comfortable places for working through stress and vicarious traumatization (Poole, Chansonneuve, & Hache, 2013). Using a family systems approach to counselling would solicit the support of family and community members, therefore building upon aspects of Inuit societal values.

Using a family systems approach

In learning about Inuit culture, one can see that collectivistic tendencies and a focus on the community differentiate Inuit culture from Western cultural values. Western individualism creates barriers to holistic health for indigenous people (Carriere & Richardson, 2013). Working with Inuit clients in the context of their family, community, and the interconnected reality of their culture may help counsellors working in Canada's north ensure cultural sensitivity. Counsellors who use a systems approach while incorporating values from Inuit Qaujimajatuqangit may be more effective because historically, counselling focused on the individual in the context of their systems. Family systems and social approaches that build upon interpersonal supports and kin and familial relationship networks would support two of the Inuit societal values of Pijitsirniq: Serving and providing for family and/or community and Piliriatigiinni/ Ikajuqtigiinni: Working together for a common cause (Arnakak, 2012). The importance of building upon the foundation of Inuit culture has become obvious as past events of imposing Western ideas has resulted in cultural loss. Therapy with a focus on the relationships between people, and practices that promote healing, positive change, and new ways of being have been key in family therapy (Richardson, 2012).

Shifting focus from an intra-psychic to a family and community systems theory approach (more aligned with systemic ideas of family therapy, social psychology, feminism, activism, and social justice work) relates to the ethics of working respectfully with First Nations communities (Carriere & Richardson, 2013). A family systems approach would be an appropriate intervention for counsellors to use in situations where family members are available and willing to engage in therapy, to contribute to problem resolution and to disengage from the family processes that maintain the identified clients' presenting problems (Carr 2014).

Family systems interventions aim to reduce distress while concurrently increasing support systems (Carr, 2014). This is done through engaging the client's family members through participation in either family or couple counselling. In the initial phase the focus is on increasing the ratio of positive to negative interactions, decreasing demoralization and generating hope by discovering areas for possible change. The second stage focuses on helping clients jointly reflect on positive and negative recurrent patterns of interaction, destructive belief systems and underlying relationship themes. Finally, the third phase of treatment would involve avoiding the reoccurrence of destructive behaviours, primarily, helping clients develop plans if they begin to fall back into problematic patterns. Throughout all phases of therapy, the therapist would encourage clients to practice positive communication skills with each other in between sessions (Carr, 2014). Using an approach such as this would focus less on the individual and more on the context of their situation. The individual would be supported throughout the counselling process and afterwards by their family members.

Family systems therapy can appropriately address many of the prevalent psychosocial issues that many Inuit people face. This type of approach can assist individuals suffering from post-traumatic stress disorder (PTSD); such as survivors of the residential school system in Nunavut. Research by Pukay-Martin et al. (2015) found that PTSD symptomatology negatively affects partners and relationships. Additionally, certain partner behaviors have been shown to negatively affect individuals' PTSD symptoms and treatment. For example, the partner of the individual with PTSD may facilitate avoidance of stressful events, thereby reducing the client's engagement in potentially pleasurable experiences. Therefore, enlisting the partner and family of the client suffering from PTSD would help support trauma recovery in a way that is consistent with therapy. Research by Carr (2014) suggested that engaging the client's family system and community can be effective when treating those who have issues with alcohol and drugs. A family systems approach may help sober family members improve communication, reduce the risk of being physically abused, and encourage sobriety and treatment-seeking in people with alcohol and drug problems (Carr, 2014). In situations involving intimate partner violence, systems therapies have been found to be more effective than one-on-one counselling (Carr, 2014).

The main philosophy behind systems theory, which views the individual within the context of their relationships, aligns with Inuit culture. Allowing and encouraging Inuit clients to engage with their families and communities when coping with difficulties would reconnect these clients with their cultural values. Inuit Qaujimagatugangit reflects traditional values which encourage actions which serve one's family and community. Therefore, using a counselling approach which moves away from an individualistic perspective and towards a collectivistic mindset would be more culturally sensitive.

When counselling Inuit clients in Canada's North, counsellors must consider their own cultural biases.. Cultural sensitivity in counselling includes five key components: the analysis of personal, professional, and health system cultures and their impact on the patient or community; diversity, recognition, and legitimacy of difference; consideration of historical, social, economic, and political influences on health and healthcare experiences of individuals and communities; recognition of power differentials between the patient and the counsellor; and the involvement of the client (Oelke, Thurston, & Arthur, 2013). Counsellors should focus on relationships and social justice with a critical analysis of historical, political and social knowledge of individuals and their culture (Oelke et al., 2013).

An integrated family systems approach could strengthen the existing services and build capacity for individual communities to address and guide their unique needs for mental health and wellness (Healy, 2010). A holistic approach would assist counsellors in the provision of treatment that is culturally sensitive, respectful of northern ways of knowing and understanding health, and inform solutions for focused after care plans (Healy, 2010). Additionally, building interpersonal supports within existing kin and family relationship networks that are long term, self-sustaining and self-directed (Tagalik, 2011) would benefit Nunavut long-term. The residential school events endured by Inuit people has caused lasting damage to their traditional ways of being. In order to best support Inuit individuals to heal, the counselling practices used should be built from the foundation of this culture. Counsellors should use a practice which involves negotiating an understanding of the client's self in community - with therapy grounded in that negotiation - while validating the selves of the clients and respecting the uniqueness of each individual (Robertson, Holleran, & Samuels, 2015). Facilitating cultural viability and identity in Inuit

clients can provide a basis for all other types of health as it cultivates the collective social supports for the individual, and grounds their sense of belonging (Tagalik, 2011). Some First Nations communities in Canada have adopted systemic approaches to community counselling and are seeing success, Nunavut could benefit from similar methods.

Current program development in First Nations communities

It has been demonstrated that using a family systems approach to counselling would align with fundamental Inuit cultural values and be most beneficial; other First Nations regions of Canada have programs which lend evidence to this proposal. Systems approaches are currently being used with First Nations populations in programming, employment centers and community development projects. Robertson et al. (2015) supported the idea of integrating systemic counselling when working with First Nations clients. They stated that “using a community [systems] approach would allow clients to situate themselves in a collective framework with respect to family, community, and their Nation” (p.132). These researchers also emphasized the importance of the counsellor embodying the cultural values, not only discussing them. In order for the counsellor to become identified as part of the community, “counsellor visibility in both formal and informal settings should be maintained on an ongoing basis (e.g. traditional feasts)” (Robertson et al., 2015, p.132). This way, the counsellor becomes identified as part of the community that these individuals are a part of. This example illustrates a clear contrast with Western counselling practice, which often recommends limited self-disclosure and non-acknowledgement of clients outside of the counselling room.

An example of a family systems model being used currently is within the Centre for Northern Families in Yellowknife. The staff of this facility developed a family support model of practice that trains families to provide peer support within the community (Robertson et al., 2015). First Nations, Métis and Inuit elders described this model as a traditional approach they have always understood. In the model, individual family members, including children, identify goals and strategies that are subsequently negotiated within the family and community context. Using a community development approach and allowing clients to situate themselves in a collective framework with respect to family, community, and their nation provides an opportunity to reconnect with lost cultural identity (Robertson et al., 2015).

Another example is the work done in British Columbia by the Northwest Inter-Nation Family and Community Services (NIFCS) agency. This agency works with First Nations youth who are in the foster care system. Each First Nations youth in care has a cultural plan of care which ensures the individual remains connected with their community and cultural identity (Bennett, 2015). This agency recognizes that in First Nations cultures, children grow up in their community, receive cultural and spiritual guidance from their Elders, and have opportunities to participate in ceremonial events. To reflect those values, this agency began celebrating major milestones in their client's lives through cultural ceremonies. One event was described where a female youth was leaving the foster care system after 11 years in care. The ceremony was attended by biological and foster family, elders, community members, friends, agency staff and other professionals. By celebrating this youth's accomplishments and transition into adulthood, she was able to draw on cultural strength and resiliency (Bennett, 2015). This ceremony highlighted supports and resources that were available to this young person as she moved into independence. Follow up support was provided by NIFCS staff to ensure she has the support she needed (Bennett, 2015).

Development of future programs such as those run at the Centre for Northern Families and the NIFCS would benefit the territory of Nunavut as a whole. Integrating traditional knowledge from elders and pre-existing values would assist counsellors in being culturally sensitive. Offering counselling practices which are aligned with Inuit cultural values will assist individuals in supporting themselves, their family, and their community.

Conclusion

Counsellors working in Canada's North would be best prepared to effectively assist Inuit clients after understanding the difficult history within the territory. Colonialism and residential school experiences are responsible for numerous psychosocial issues within this population today. By looking at traditional methods of counselling and identifying Inuit foundational values, counsellors would begin to understand this collectivist culture which prioritizes family systems and community before the self. Counselling support should be aligned with that foundation to best support the needs of this population.

After the damaging effects of the residential school system on Inuit culture and the cultural transition that was sparked, the chance to revert to traditional practices may be out of reach. Due to the increasing population of non-Inuit people moving to Nunavut and the limited mental health services, a great need for culturally sensitive counselling exists. Family systems therapy can address many of the psychosocial issues faced by Inuit people as the theory aligns with traditional values and solicits the support of community and family members. This approach allows for a more holistic perspective and enables counsellors to integrate a social justice lens into their practice.

It is the position of this author that using a family systems approach in counselling and community programming such as those being used in other First Nations populations would benefit the territory of Nunavut immensely. Linking family systems therapy with Inuit culture provides a culturally sensitive approach for counsellors working in Canada's North that would enable them to better assist their clients. In order to help Inuit people heal, counsellors, health practitioners, and even government personnel should align with the foundation of Inuit culture to give the opportunity for Inuit cultural identity to be reclaimed.

References

- Arnakak, J. (2002). Incorporation of Inuit Qaujimanituaqangit or Inuit traditional knowledge into the Government of Nunavut. *The Journal of Aboriginal Economic Development* 3(1), 33-39.
- Bennett, K. (2015). Cultural Permanence for Indigenous Children and Youth: Reflections from a Delegated Aboriginal Agency in British Columbia. *First Peoples Child & Family Review*, 10(1), 99-115.
- Carr, A. (2014). The evidence base for couple therapy, family therapy and systemic interventions for adult-focused problems. *Journal Of Family Therapy*, 36(2), 158-194. doi:10.1111/1467-6427.12033
- Carriere, J. and Richardson C. (2013). Relationship is Everything: Holistic Approaches to Aboriginal Child and Youth Mental Health. *First Peoples Child & Family Review* 7(2), 8-26.

- Chachamovich, E. & Tomlinson, M. (2013). *Nunavut Suicide Follow Back Study: Identifying the Risk factors for Inuit Suicide in Nunavut*. Retrieved from: <http://inuusiq.com/wp-content/uploads/2013/06/Report-NFBS-Final-English.pdf>
- Davison, C. (May 9, 2014). Vulnerable youth in Canada's north. *LawNow*, 38(5). Retrieved from: <http://www.lawnow.org/vulnerable-youth-canadas-north/>
- Dell, C., Seguin, M., Hopkins, C., Tempier, R., Mehl-Madrona, L., Dell, D., Duncan, R., and Mosier, K. (2011). From Benzos to Berries: Treatment Offered at an Aboriginal Youth Solvent Abuse Treatment Centre Relays the Importance of Culture. *The Canadian Journal of Psychiatry*, 56(2), 75-83.
- Eggertson, L. (2013). High rates of childhood abuse, depression in Inuit suicides. *Canadian Medical Association Journal*, 185(10), E433-E434. doi:10.1503/cmaj.109-4518
- Government of Nunavut. (2014). *Towards a Representative Public Service*. [Data File]. Retrieved from: http://www.gov.nu.ca/sites/default/files/final_dec_2014_trps_-_english_o.pdf
- Harper, S. (2008, June). *Prime Minister Harper offers full apology on behalf of Canadians for the Indian Residential Schools system*. Ottawa, Ontario. Retrieved from: <http://pm.gc.ca/eng/news/2008/06/11/prime-minister-harper-offers-full-apology-behalf-canadians-indian-residential>
- Healy, G. (ed.) (2010). *Needs assessment for child and youth mental health services in Nunavut*. Qaujigiartiit Health Research Centre. (Research Report No.1-42). Retrieved from: http://www.qhrc.ca/sites/default/files/files/Projects_current/Component%20%20-%20Needs%20Assessment%20-%20final.pdf
- Hicks, J. (2009). *Toward more effective evidence-based suicide prevention in Nunavut*. The Institute for Research on Public Policy. 467-495.
- Inuit Qaujimajatuqanginnut (IQ) Task Force. (2002). *First Annual Report*. Retrieved from: http://earthlawcenter.org/static/uploads/documents/Inuit_Task_Force-_Mike_Bell.pdf
- Jacobi, G., Dettmeyer, R., Banaschak, S., Brosig, B., & Herrmann, B. (2010). Child abuse and neglect: Diagnosis and management. *Deutsches Ärzteblatt International*, 107(13), 231-240.
- Kral, M. J. (2013). 'The weight on our shoulders is too much, and we are falling'. *Medical Anthropology Quarterly*, 27(1), 63-83.
- Laugrand F., & Oosten, J. (2011). From the classroom to the tundra. *Our Schools / Our Selves*, 20(4), 135-149.
- Mackrill, T. Elklit, A., & Lindgaard, H. (2012). Treatment-seeking young adults from families with alcohol problems. What have they been through? What state are they in? *Psychotherapy Research*, 12(4), 276-286. doi:10.1080/14733145.2012.662519
- Niutaaq Cultural Institute. (2011). *Ilagiiniq: Interviews on Inuit family values from the Qikitani region*. Canada:Inhabit Media Inc.

- Nunavik Inuit Health Survey. (2004). *Alcohol, Drug Use and Gambling Among the Inuit of Nunavik: Epidemiological Profile*. [Data File] Retrieved from: http://www.inspq.qc.ca/pdf/publications/resumes_nunavik/anglais/AlcoholDrugUseAndGamblingAmongTheInuitOfNunavik.pdf
- Nunavut Bureau of Statistics. (2014). *Nunavut Population Estimates by Inuit and Non-Inuit, Region and Community, 2006 to 2014*. [Data File]. Retrieved from: <http://www.stats.gov.nu.ca/en/Population%20estimate.aspx/>
- Nunavut Bureau of Statistics. (2013). *Police-Reported Violent Offences against Family Members StatsUpdate, 2011*. [Data File]. Retrieved from: <http://www.stats.gov.nu.ca/Publications/Annual/Police%20Reported%20Violent%20Offences%20against%20Family%20Members%20StatsUpdate,%202011.pdf>
- Oelke, N., Thurston, W., & Arthur, N. (2013). Intersections between interprofessional practice, cultural competency and primary healthcare. *Journal of Interprofessional Care*, 27(5), 367-372. doi:10.3109/13561820.2013.785502
- Pihama, L., Reynolds, P., Smith, C., Reid, J., Smith, L. T., & Te Nana, R. (2014). Positioning historical trauma theory within Aoteroa New Zealand. *Alternative: An International Journal Of Indigenous Peoples*, 10(3), 248-262.
- Poole, N., Chansonneuve, D., & Hache, A. (2013). Improving substance use treatment for First Nations, Métis and Inuit women: Recommendations arising from a virtual inquiry Project. *First Peoples Child & Family Review*, 8(2), 7-23.
- Pukay-Martin, N. D., Torbit, L., Landy, M. H., Wanklyn, S. G., Shnaider, P., Lane, J. M., & Monson, C. M. (2015). An uncontrolled trial of a present-focused cognitive-behavioral conjoint therapy for posttraumatic stress disorder. *Journal Of Clinical Psychology*, 71(4), 302-312. doi:10.1002/jclp.22166
- Robertson, L. H., Holleran, K., & Samuels, M. (2015). Tailoring university counselling services to Aboriginal and international students: Lessons from Native and international student centres at a Canadian university. *Canadian Journal Of Higher Education*, 45(1), 122-135.
- Seale, J. P., Shellenberger, S., & Spence, J. (2006). Alcohol problems in Alaska natives: Lessons from the Inuit. American Indian & Alaska Native Mental Health Research: *The Journal Of The National Center*, 13(1), 1-31. doi:10.5820/aian.1301.2006.1
- Sider, G. M. (2014). Making and breaking the Aboriginal remote: Realities, languages, tomorrows (A commentary). *Oceania*, 84(2), 158-168. doi:10.1002/ocae.5047
- Tagalik, S. (2012). *Inuit Qaujimajatuqangit: The role of Indigenous knowledge in supporting wellness in Inuit communities in Nunavut*. National Collaborating Centre for Aboriginal Health. Retrieved from: <http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=6>