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Joshua Elliott
Northern Kentucky University

Dana Ripley
Northern Kentucky University

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Considering Contemporary Appalachia: Implications for Culturally Competent Counseling

Joshua Elliott, Dana Ripley

This article contributes to the counselor education literature by exploring and synthesizing research from aligned fields of study to provide a contemporary characterization of Appalachia for counselors wishing to increase their cultural knowledge base. The article includes sections on specific aspects of the Appalachian experience, including contemporary trends related to population demographics, the impact of poverty, and the prevalence of mental health and substance use issues. Implications for counselors are discussed and suggestions for culturally competent counseling approaches are presented.

Keywords: Appalachian clients, cultural competence, local knowledge

The commitment to multicultural competence is a prominent foundation of the professional counseling identity. The profession not only embraces multiculturalism as a movement, but also as a critical lens through which counselors strive to understand the unique experiences and identities of the clients they serve. The significance of intersectionality is well-situated within the purview of multicultural competent counselors, as evidenced by the growing body of scholarship on the topic. Despite increased publications detailing the cultural impact of intersectionality on the lived experiences of racial, ethnic, religious, and sexual minority populations, extant counseling literature is lacking regarding the influence that geographical location or regional identity has on an individual's culture. More specifically, there has been minimal investigation and discussion regarding the impact that systems, cultural attitudes, and intersectional identities have on the lives and experiences of Appalachian clients.

The authors, who have both served as professional counselors in the Appalachian region, contend that counselors who serve in this region must continually strive to provide culturally competent services and to do so necessitates an understanding

of the Appalachian client's contemporary experience. Ongoing ambivalence regarding the effectiveness of counseling, distrust of providers, and limited access to mental health services deter many Appalachian clients from seeking counseling (PDA, Inc. & The Cecil G. Sheps Center for Health Services Research [PDA, Inc.], 2017; Snell-Rood et al., 2016). For these reasons, it is critically important that counselors understand the intersectional variables that impact Appalachian clients and influence the counseling relationship, thus better preparing themselves to provide culturally responsive services from an intersectional perspective, to promote Appalachian's confidence in the counseling relationship, and to advocate for the elimination of treatment barriers.

Defining Appalachia

The Appalachian region is a 205,000-square-mile region that follows the spine of the Appalachian Mountains (Pollard & Jacobsen, 2020). Appalachia encapsulates the entirety of West Virginia and portions of 12 other states, including Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South

Carolina, Tennessee, and Virginia (Pollard & Jacobsen, 2020). Reports from the U.S. Census Bureau indicate that, of the 327.2 million persons in the United States as of July 2018, 25.7 million (or nearly 8%) lived in the Appalachian region (Pollard & Jacobsen, 2020). Population distribution varies greatly across the region, given the inclusion of larger metropolitan cities like Pittsburgh and Birmingham along with the rural and suburban areas (Pollard & Jacobsen, 2020). As of 2019, Jefferson County in Alabama, home to Birmingham, had a population of about 650,000 persons while Blount County, just north of Jefferson, had a population of about 57,000 (U.S. Census Bureau, 2019).

Characteristics of Appalachia

Counselors are encouraged to conceptualize this article as descriptive information rather than reductionist. As with any cultural group, there is much diversity and subjectivity among the Appalachian experience and counselors should be cognizant that overgeneralizing or stereotyping any client based on culture is haphazard and potentially unethical. The following section consists of separate subheadings, each focused on describing aligned literature related to specific aspects of the Appalachian experience, including: historical background, contemporary trends related to population demographics, the impact of poverty, the prevalence of mental health and substance use issues, and strengths.

Historical Background of Appalachia

Recognizing the historical context, along with the racial and ethnic diversity of the Appalachian region, is necessary for practitioners working with this population. Several Native American tribes called this region home long before the arrival of Europeans (Drake, 2001). Native Americans of various tribal lineages can be found across Appalachia today (U.S. Census Bureau, 2012) with the most prominent being the Eastern Band of Cherokee Indians, located in the mountains of North Carolina (Eastern Band of Cherokee Indians, 2020). Among the first European settlers to the Appalachian Mountains were English, Scottish, and Irish immigrants (Blethen, 2004). Historical accounts suggest that this collective group reflected the perennial

frontiersmen, who sought freedom from the restraints of law, order, and a differing culture (Elam, 2002). African Americans were also part of this collective to move to Appalachia and comprised about 10% of the population by 1860 (Webb, n.d.). In her essay *African Americans in Appalachia*, Althea Webb (n.d.) points out that there is “no one story of African Americans in Appalachia,” with some being descended from “free and enslaved Africans,” while others are “first generation migrants” (paras. 1–2).

Despite the burgeoning development of commerce, industry, and education that was expanding in much of the country, little progress found its way into the Appalachian Mountains (Elam, 2002). Many considered the inhabitants of Appalachia to be existence-oriented rather than improvement-oriented (Elam, 2002). From the onset of settlement, Appalachia was perceived as a region different from the mainstream and negatively characterized by deep cultural differences, economic and educational poverty, a rugged topography, and a reputation of being “backward” (Eller, 2008).

After the Civil War, in which Native American soldiers fought to protect their homelands and African American soldiers fought for their freedom, perceptions of economic and cultural deficiencies were used to legitimize the exploitation of natural resources in Appalachia under the pretext of economic development (Eller, 2008). By the middle of the 20th century, coal mining and logging interests had accumulated great wealth in the region, but left behind a devastated landscape and an economy that failed to support the residents in the area (Eller, 2008). Rather than fulfilling the promises of economic stability, the fruits of corporate interests had created chronic unemployment, irreversible environmental destruction, and persistent social and economic problems that impact Appalachia to this day (Eller, 2008).

Contemporary Profile of Appalachia

The Appalachian Regional Commission (ARC) is a regional economic development agency that represents a federal, state, and local partnership. ARC’s agenda rests on the goals of improving economic opportunities, workforce readiness, critical

infrastructure, natural and cultural assets, and leadership and community capacity (Appalachian Regional Commission, n.d.). ARC frequently evaluates demographic data to detail trends of the Appalachian region. ARC reports may be of use to counselors working with Appalachian clients.

Population Trends

Appalachia's population, much like The United States', has gotten older between 2010–2018 (Pollard & Jacobsen, 2020). However, the Appalachian population has been aging at a greater rate than the national population, with the median age of the region rising to 41 years compared to the national median age of 38 years (Pollard & Jacobsen, 2020). Some parts of the Appalachian region are aging faster than others, particularly in Appalachian Virginia, North Carolina, and Georgia (Pollard & Jacobsen, 2020). Congruent with national figures, the Appalachian region has seen more than a 3% increase in residents ages 65 and older between 2010 and 2018 (Pollard & Jacobsen, 2020).

In terms of racial and ethnic composition, the Appalachian population has experienced a more than 2% increase in individuals who identify with a racial or ethnic group other than "white alone, not Hispanic" (Pollard & Jacobsen, 2020). As of 2018, 81% of the Appalachian region's population identified themselves as White, non-Hispanic (Pollard & Jacobsen, 2020). The remaining 19% of the population identified as minorities, with 9.8% being Black, non-Hispanic; 5.3% being Hispanic or Latino; and 3.8% being other, non-Hispanic (Pollard & Jacobsen, 2020).

The Impact of Poverty in Appalachia

Between 2014–2018, the mean income of Appalachian households was \$67,559, or just 80% of the U.S. average of \$84,938 (Pollard & Jacobsen, 2020). In terms of poverty status, as of 2018 the Appalachian region represented 8.8% of the nation's impoverished population with 15.8% of Appalachian residents living below the poverty level — defined as income below \$25,465 for a family of two adults and two children (Pollard & Jacobsen, 2020). As of 2018, the Appalachian poverty rate was nearly 2% higher than the national poverty rate of 14.1%.

In conceptualizing the factors that contribute to increased levels of poverty in Appalachia, labor force, employment, and unemployment represent essential variables for consideration. Although employment rates in Appalachia are comparable to the nation, as of 2018, 73% of Appalachia's civilian population in the prime working ages (25 to 64) were in the civilian labor force, falling slightly below the national average of 77.6% (Pollard & Jacobsen, 2020). This may not be too surprising considering that Appalachian metropolitan populations may provide greater accessibility to employment. However, upon further investigation into the subregions of Appalachia, an inequity emerges. In Central Appalachia, only 59.6% of the civilian population within the prime working ages were employed in the civilian labor force and the subregion had the greatest rate of unemployment among all other subregions at 6.9% (Pollard & Jacobsen, 2020).

Education has been identified as a key determinant of economic well-being for individuals and places. Historically, residents of rural areas have lower educational attainment than urban residents and, unfortunately, this trend remains salient (Elam, 2002; Marré, 2017). Reports from census data indicate that between 2014 and 2018, 13.2% of Appalachians (ages 25 and older) did not possess a high school diploma compared to the national average of 12.3%. In Central Appalachia, 21.5% of the population, age 25 and older, did not possess a high school diploma. Approximately 53.9% of Appalachians (ages 25 and older) were high school graduates with no postsecondary degrees compared to the national average of 47.7% (Pollard & Jacobsen, 2020). Only 24.2% of Appalachians had achieved a bachelor's degree or higher, compared to the national average of 31.5% (Pollard & Jacobsen, 2020). One potential causal factor for the significantly lower educational attainment in the region and subsequently higher poverty rates is the outmigration from Appalachian areas (Marré, 2017). Out-migration has a historical precedent in the region and is defined as the migration of Appalachian residents out of "rural and poverty-stricken areas" to urban centers in search of better opportunities and employment options (Lichter et al., 2005, p. 2). Current population characteristics show a majority of counties did have a decrease in population between 2010–2018; the

overall growth rate of the region was 1.6%, compared to the national average of 5.8% (Pollard & Jacobsen, 2020). Additionally, lack of financial resources, a desire to maintain strong family connections and values, isolation, and a lack of role models and information all present barriers for educational exploration and attainment in rural Appalachia (Gibbons et al., 2019).

Mental Health and Substance Use Issues in Appalachia

Considering the multiple social and economic stressors of the Appalachian region, it may not be surprising that there is a high prevalence of mental health and substance use concerns. Zhang et al. (2008) found that Appalachian residents (ages 12 and older) reported a greater rate of serious psychological distress compared with age-matched non-Appalachian residents. Appalachians reported an elevated prevalence of major depressive episodes during a 1-year period than their non-Appalachian counterparts (Zhang et al., 2008). Keefe and Parsons (2005) found that native Appalachians report higher incidences of depression than do nonnatives. Thomas and Brossoie (2019) found that client trauma is a frequent issue in rural Appalachian communities.

Although there are commonalities related to the prevalence of substance use between the Appalachian region and the United States, key differences have been noted regarding the prevalence of substance type (Dunn et al., 2012; Zhang et al., 2008). Zhang et al. (2008) found that proportionately fewer Appalachian adults reported using alcohol or binge drinking episodes in the past year, as compared to adults nationally. Among adolescents, however, heavy alcohol consumption was a more significant problem within Appalachia than outside of Appalachia (Zhang et al., 2008). The use of methamphetamine within the Appalachian region has been a historical problem for decades (Dunn et al., 2012) and continues to affect the area today (Allen et al., 2019).

The opioid epidemic has hit the Appalachian region particularly hard. West Virginia, in Central Appalachia, has consistently had the highest drug overdose death rate, reaching 51.5 deaths per

100,000 persons in 2018 (Hedegaard et al., 2020) compared to 20.7 deaths per 100,000 people nationally (Hedegaard et al., 2020). Additionally, adolescents of rural communities are more likely to use prescription opioids nonmedically than their urban counterparts (Havens et al., 2011; McCauley et al., 2010). The prevalence of substance use issues in the region is influenced by an array of sociocultural factors. Aside from the impacts of poverty and unemployment, easy access to opioids has been identified as a condition that has promoted the epidemic (Dunn et al., 2012; Keyes et al., 2014) coupled with issues of chronic pain from jobs involving manual labor, which are common in areas of Appalachia (Moody et al., 2017).

One significant area of interest has been the mental health treatment-seeking behaviors of individuals in Appalachia. Snell-Rood et al. (2017) found that depressed rural, low-income women in Appalachia expressed ambivalence about treatment and its potential to promote recovery. Doubts about treatment stemmed from numerous sources, including perceptions of uneven quality of treatment options (particularly counseling), untrustworthy practitioners, the emphasis on pharmacological treatment, and participants' desire for self-sufficiency (Snell-Rood et al., 2017). Many participants reported treatment delays associated with ambivalence and indicated that their eventual decision to seek treatment was only realized after experiencing consequences of untreated depression, such as panic attacks and "breakdowns" (Snell-Rood et al., 2017). Gore et al. (2016) reported that members of rural communities seek help from a mental health counselor when problematic behavior impacts the social environment.

Fear of being stigmatized by the community for seeking help is also a major social barrier for rural Appalachians (Jesse et al., 2008; Murry et al., 2011; Snell-Rood et al., 2017). Research indicates that both men and women living in rural areas experience stigma related to mental health problems in qualitatively different ways. Snell-Rood et al. (2017) found that Appalachian women's desire to control their worries, think positively, and endure hardship resonate with evangelical ideas about well-being. Some women felt socially pressured to make

sense of their problems through the lens of faith, regardless of whether it aligned with their own spiritual beliefs (Gore et al., 2016). Gorman et al. (2007) found that rural men experience concerns over stigma, privacy, and feelings of shame related to mental health issues and that they were at greater risk for concealment than women. The stigma of addiction and addiction treatment also presents barriers for Appalachians in need of substance use treatment (Bunting et al., 2018). The consensus is that members of rural communities may be more likely than others to tolerate mental health issues, under the assumption that they will go away with time, or attempt to fix their own problems (Jesse et al., 2008). Some Appalachians believe that by managing their own problems they present less burden on others, which creates a stronger community (Elam, 2002). Despite this belief, some Appalachian communities place significant value on social and familial networks as an appropriate impetus for solving problems involving mental health concerns (Gore et al., 2016; Thomas & Brossoie, 2019). More specifically, residents of rural communities tend to seek help from elders (Wilkinson, 1988) and religious leaders (Ellison et al., 2006).

Lack of availability, accessibility, and acceptability of services may also demonstrate barriers for Appalachians suffering from mental health and substance use concerns (Keefe & Curtin, 2012; Snell-Rood et al., 2017; Thomas & Brossoie, 2019). Concerns about privacy and confidentiality, transportation, limited payment options, and facility choices have been identified as interfering with the utilization of services (Beatty et al., 2019; Bunting et al., 2018; Keefe & Curtin, 2012; Zhang et al., 2008).

The shortage of mental health providers in the Appalachian region also illuminates concerns regarding accessibility to mental health services. As of 2017, there were only 130 mental health providers for every 100,000 Appalachian, which was 35% lower than the national average of 201 mental health providers for every 100,000 Americans (PDA, Inc., 2017). The subregions of North Central Appalachia and Southern Appalachia reported figures approximately 50% lower than the national average (PDA, Inc., 2017).

Strengths

In looking at the characteristics and mental health needs of the Appalachian region, it is important to also highlight strengths and assets. Strong ties to family, friends, and neighbors, as well as a collectivist identity, are seen in the region (Keefe & Curtin, 2012). The ability to live frugally, responsibly utilize resources, and help those in one's social circle may also be values (Keefe, 2008). Spirituality and the use of prayer and faith practices can be important strengths and coping skills (Keefe & Curtin, 2012). Recognition of the diversity and uniqueness within Appalachia is also necessary to avoid continuing stereotypes through application of broad, general characteristics (Obermiller & Maloney, 2016).

Implications for Counselors

As highlighted in the earlier passages, the Appalachian experience is complex and sometimes challenging. Although the authors recognize that the issues illuminated in this article are not necessarily the experiences of all Appalachians, they do provide an overview of some of the most pressing and lasting concerns affecting the region. By acknowledging the contemporary sociocultural climate of the Appalachian region, counselors may better serve clients in the area.

Intersectional Contexts

In terms of client identification, the counselor should not make any assumptions about how the client identifies with the Appalachian culture, as clients may or may not cognitively identify with an Appalachian identity, regardless of their geographical residence (Salyers & Ritchie, 2006). Additionally, encountering a client of a diverse racial or ethnic background is becoming increasingly more likely as the region's population becomes less homogeneous, especially in Southern Appalachia. Regardless of a client's cultural background, counselors must strive to understand and appreciate the unique worldviews and experiences influenced by clients' intersectional identities; however, Black, Indigenous, and People of Color (BIPOC) may present with additional stressors that affect, influence, and inform their experiences living in Appalachia. For example, Appalachian BIPOC clients may ex-

perience increased incidences of oppression, marginalization, and racial isolation compared to non-Appalachian BIPOC clients, in addition to having divergent cultural beliefs and traditions compared to White Appalachian clients. For this reason, counselors are strongly encouraged to consider intersectional and cultural identity development models in addition to broaching topics related to race and ethnicity when working with Appalachian clients who are BIPOC (Day-Vines et al., 2007; Ratts et al., 2016). This permits the client to independently assert their level of affiliation with the culture and prevents the counselor from implicitly generalizing the client's experience of culture, which may impede the therapeutic relationship.

Additionally, considering the increased median age in the region, having strong foundational knowledge in lifespan development (Sarantakis, 2020) and geriatric counseling may prove beneficial for counselors working in the Appalachian region. Furthermore, counselors should be aware of the real potential for engagement with Appalachian clients who serve as caretakers for aging family members and prepare themselves to assist clients with mitigating associated stressors (Qualls & Zarit, 2009).

Understanding Local Knowledge and Utilizing Strengths

In terms of providing mental health counseling to Appalachians, counselors should first consider the impact that local knowledge has on perceptions of wellness. "Local knowledge refers to the ethnomedical meanings and explanations Appalachian people ascribe to symptoms of and treatments for mental illness" (Keefe & Curtin, 2012, p. 230). According to Keefe and Curtin (2012), three factors encompass local knowledge: "a belief in God, a collective identity, and coping strategies anchored in everyday lifeways" (p. 230).

While a variety of religious traditions can be found in Appalachia, Christianity, specifically Baptist and Holiness Pentecostal affiliations, is the dominant faith (McCauley, 2004). Mirroring Appalachian values of independence and autonomy, churches often operate independently or within a regional organization as opposed to national or global religious denominations, which have perpetuated an

outsider belief that those in Appalachia are "unchurched" (McCauley, 2004, p. 179). For many, but not all, rural Appalachians, health and well-being are imparted by God (Keefe & Curtin, 2012; Lowry & Conco, 2002). Considering such, prayer and faith practices are perceived as integral for life as well as health management — including preventative and curative measures (Keefe & Curtin, 2012). Counselors are encouraged not only to recognize the distinct influence of religion and spirituality on the Appalachian client's worldview, but also to honor its significance and present clients with opportunities to discuss the impact of religion and God on their perceptions and experiences of wellness. Counselors should also permit clients to make suggestions on how spirituality could be incorporated into treatment plans.

Local knowledge in Appalachia is also shaped by a collectivist identity, which warrants counselors to have a foundational understanding of collectivism. Appalachians tend to be a people that are connected to kin, friends, and neighbors and rely on reciprocal exchange to meet social and economic needs (Keefe & Curtin, 2012). Appalachians may perceive themselves as interdependent and be interested in knowing more about others than themselves (Keefe & Curtin, 2012). For many, the focus is on their obligation to a small group of people with whom they have close relationships. Counselors should use extreme caution to ensure that they do not pathologize Appalachian clients for any inability to describe or discuss the self independent of others and of situations, which Western psychotherapy tends to do (Keefe & Curtin, 2012). Rather, counselors should demonstrate openness and sensitivity, and create a therapeutic atmosphere where clients are encouraged to explore the significance of relationships and their impact on self-perception. Inclusion of family in the counseling process, through family or couple's sessions, or simply through acknowledgment of these ties as important factors in coping, can help reduce stigma and alleviate feelings of shame. Counselors may also find it beneficial to utilize genograms to assist Appalachian clients with examining their nuclear and extended family structure, emotional processes, and behavioral patterns (Platt & Skowron, 2013). For example, a counselor might

use a genogram to help an Appalachian client explore the role of generational interdependence in family functioning.

Culturally Appropriate Counseling Approaches

Counselors should also employ counseling theories and interventions that permit cultural flexibility in order to meet the diverse needs of Appalachians and respect their values. Generally speaking, counselors should consider theoretical approaches to counseling that focus on strength-based empowerment when working with Appalachian clients (Keller & Helton, 2010). Counselors may also find it beneficial to apply multitheoretical approaches to address the various intersections of identity represented within Appalachian communities (Keller & Helton, 2010).

Perhaps some of the most culturally sensitive and appropriate counseling theories for working with Appalachian clients fall within the category of poststructural approaches, including feminist therapy, solution-focused therapy, and narrative therapy. Feminist therapy is characterized by an emphasis on recognizing the influence of political and social forces on women and culturally diverse groups (Sharf, 2008). This may be of particular benefit considering the historical and political exploitation of the Appalachian region, as well as the potential social effects of underemployment, limited resources, and poverty (Thacker & Gibbons, 2019). Feminist therapy also espouses an open and egalitarian relationship between counselor and client (Sharf, 2008). The use of self-disclosure and discussions about day-to-day life can assist in relationship building and may be particularly helpful with Appalachian clients (Thacker & Gibbons, 2019). This stylistic approach may mitigate some of the skepticism and generally negative perceptions of mental health treatment that is prevalent in some Appalachian communities. Finding ways to make the counseling process more personal may also help with utilization of services. Shoffner et al. (2007) found that when reminder calls were made by the therapist (as opposed to a receptionist or no reminder call), there was a significant increase of attendance at sessions. Another significant component of feminist therapy is an appreciation of culturally diverse perspectives on life (Sharf, 2008), which may be valuable when

working with an Appalachian client who does not represent the majority (Thacker & Gibbons, 2019). By overtly recognizing and welcoming an Appalachian client's perspective on life, the counselor may facilitate rapport building and strengthen the therapeutic alliance, which could cement the client's commitment to counseling services (Thacker & Gibbons, 2019).

Solution-focused therapy is another empowerment and strength-based approach that may prove effective with Appalachian clients. The premise of this approach is to assist clients with identifying and expanding their strengths and resources so they may focus their energies on finding solutions to presenting problems (DeJong & Berg, 2002). Considering Appalachian values, such as self-reliance, pragmatism, and actions, solution-focused therapy may be well-received and culturally effective. Furthermore, solution-focused therapy is typically characterized by a shorter duration of services, which may prove beneficial with Appalachian clients considering they may have limited resources to get to sessions and less faith in mental health treatment.

Narrative therapy may also be particularly efficacious when working with Appalachian clients. Operating from a stance of curiosity and acknowledging the client as the expert of their own life may empower Appalachian clients and create an atmosphere of safety. This type of approach encourages counselors to suspend judgment and assumption, which is a necessary precaution for a counselor who may feel inclined to make assessments based on socially acceptable presumptions. Framing curious questions with an implicit goal to learn about the client's perspective would be perceived as more collaborative than interrogative or evasive; the latter may have the potential to trigger feelings of exploitation or vulnerability.

Considering that Appalachian culture is saturated with storytelling, employing strategies that allow for stories to be shared and then collaboratively examined for meaning could be advantageous (Sobol, 2003). Personal and communal stories may present a wide array of issues related to the client's subjective personal and cultural experience. Effective coping skills and examples of resilience can be ex-

tracted from most stories. This approach has the potential to encourage self-determinism in clients whose cultural histories have been characterized by outsiders' opinions on what is best.

In addition, it is important to remember to utilize the strengths and values that Appalachian clients bring to counseling (Thomas & Brossoie, 2019). Coping strategies anchored in everyday ways of life contribute to local knowledge and help many rural Appalachians respond to hardships and difficulties (Keefe & Curtin, 2012). Appalachian values traditionally emphasize self-reliance, pragmatism, common sense, determination, and perseverance (Keefe & Curtin, 2012). These values may influence Appalachians' tendencies to live in the moment and focus on the problems at hand. Activity and working are primary strategies used by Appalachians to maintain mental and physical health (Keefe & Curtin, 2012). Counselors may increase therapeutic effectiveness with Appalachian clients by eliciting discussion on adaptive and cultural coping skills used in daily life and to explore how to augment those already being used.

Advocacy

Regarding advocacy, counselors are encouraged to confront and challenge perpetuated stereotypes that negatively affect the perception and advancement of Appalachian clients. Counselors also need to prioritize efforts to combat legislation, on all levels, that hinder (whether directly or indirectly) the wellness of clients residing in Appalachia. Specifically, counselors are called upon to advocate for the equitable access to and participation in the labor force, educational institutions, and social and public health services. Counselors should also strive to connect clients to and collaborate with social institutions that are able to help alter inequities influencing the Appalachian region.

Arguably, the most pressing call for action is the need for counselors to advocate for legislation in Appalachian states that would increase clients' access to counseling services, especially since the supply of mental health providers is limited. Counselors might consider advocating for policies that significantly expand incentives, resources, and pro-

grams that would attract mental health and substance use providers to the region. Counselors can also advocate for the integration of mental health and primary care services as a way to increase access and normalize mental health treatment (The National Advisory Committee on Rural Health and Human Services, 2004). Furthermore, counselors should consider the need to advocate for increased access to distance counseling in rural areas to promote remote service delivery for Appalachian clients, who may lack adequate transportation and resources to venture into more metropolitan areas for services (Holton & Brantley, 2014).

Final Thoughts

In sum, despite the limited counselor education literature, academic literature from aligned fields provides much insight into the experiences, values, and challenges persistent in the Appalachian region. This literature can be utilized, with intentionality, to expand cultural knowledge of counselors working with Appalachian clients. The acquisition of this cultural knowledge may provide counselors with an improved, more culturally relevant conceptualization of Appalachian identity from which to employ culturally sensitive strategies and develop cultural competency.

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