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Invisible outsiders: Developing a working alliance with Appalachian clients

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Abstract

Appalachian clients are often 'invisible' within the majority culture and possess characteristics unique to the region that must be considered within the counseling relationship (Tang & Russ, 2007). Individuals in Appalachia have higher incidences of certain mental health disorders and substance use as compared to the national average (Appalachian Regional Commission [ARC], 2008). Although the need for mental health services is evident, limited research exists to inform mental health professionals how to deliver culturally competent interventions to build a working alliance with Appalachian clients. The authors will discuss a framework for mental health professionals to develop a strong working alliance through a review of the cultural distinctions of Appalachian individuals, culturally appropriate counseling interventions, and a case illustration.
Keywords: Appalachia, cultural competence, working alliance, counselors, diversity

Invisible Outsiders: Developing a Working Alliance with Appalachian Clients

The ability of a mental health professional to develop a strong working alliance is an important factor in achieving successful counseling outcomes (Bordin, 1979; Castonguay, Constantino, & Holtforth, 2006; Hubble, Duncan, & Miller, 1999). This relationship building skill can be challenging particularly if mental health professionals are unaware that cultural differences exist between themselves and their clients. Appalachian individuals have been labeled the *invisible minority* due to the shortage of available literature about the cultural and geographical characteristics of the region (Tang & Russ, 2007). Appalachian individuals are often 'invisible' within the majority culture outside the core of the Appalachian region or larger urban areas along the boundaries of the region. Although "residential mobility in Appalachia was below the national average" between 2011 and 2015 (Pollard, Jacobsen, & Population Reference Bureau, 2017, p. 91), there is still a possibility that individuals from Appalachia will migrate to other geographic locales for personal and professional reasons. Therefore, mental health professionals across the United States may find themselves working with clients or the children of Appalachian families. Furthermore, mental health professionals from non-Appalachian regions may choose to move into the Appalachian region for employment

opportunities. Knowledge and skills about Appalachian clients is needed to provide culturally competent counseling services.

Individuals in Appalachia have higher incidences of certain mental health disorders and substance use problems as compared to the national average (Appalachian Regional Commission [ARC], 2008). However, limited research exists to inform mental health professionals about the delivery of counseling services to Appalachian clients who are outside the traditional Appalachia region or to assist counselors who moved into the Appalachian region to work. The possibility of migration outside of Appalachia combined with a decreased stigma of counseling and increased number of Americans who have access to health insurance will increase the likelihood of working with Appalachian clients. This paper will provide mental health professionals who are *cognitive outsiders* (i.e., reside in the Appalachian region but deny any identification with the Appalachian culture), or *residential outsiders* (i.e., reside outside the Appalachian region and deny identification with the Appalachian culture; Ulack & Raitz, 1982) - a framework for developing a working alliance with Appalachian clients. The unique cultural distinctions of Appalachian individuals and culturally competent counseling interventions to strengthen the working alliance will be discussed.

Appalachian Region

Approximately 25 million people live in Appalachia (Center for Regional Economic Competitiveness & West Virginia University, 2015, p. 2). According to data collected from 2011 to 2015: (a) over half of those who reside in Appalachia (52.2%) are between the ages of 25 and 64; and (b) most of those individuals identify as either White (i.e., 82.5%), Black (i.e., 9.4%), or Hispanic (i.e., 4.6%; Pollard et al. 2017, pp. 9, 17). The Appalachian region includes sections of New York, Pennsylvania, Ohio, Maryland, Kentucky, Virginia, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, and the entire state of West Virginia (ARC, 2015). This region includes urban areas such as Pittsburgh, Pennsylvania and Youngstown, Ohio. Cooper, Knotts, and Elders (2011) found a strong sense of Appalachian identity in the core areas of Southwestern Virginia, Southern West Virginia, Eastern Kentucky, Western North Carolina, and Eastern Tennessee. This supported the information provided by Williams (2002) and indicated that the ARC definition of Appalachia may be too broad. Although conditions have changed in the region due to the efforts of the ARC, a gap continues to exist in employment, income, population growth, post-secondary education attainment, housing quality, health, and isolation (i.e., access to transportation and telecommunications) when compared to non-Appalachian individuals (Center for Regional Economic Competitiveness & West Virginia University, 2015).

Appalachian Culture

Jones (1994) wrote *Appalachian Values*, an influential text with the goal of describing the cultural characteristics of Appalachia. Jones' perspective is significant because he was born, raised and resided in the cultural center of Appalachia. According to Jones (1994), individuals from Appalachia can be characterized as valuing self-reliance, generosity, hospitality, and the ability to care for themselves and family. Appalachian individuals prioritize the needs of friends and family beyond their own self-interest with an expectation for reciprocated loyalty. Jones

(1994) believed that the ability to relate well to others within their community is valued in the context of building and sustaining positive relationships. Bragging is an undesirable characteristic, and equality in their relationships with others is expected. Many individuals from Appalachia love the region where they were born and moving away can be difficult. Those who identify as religious, typically identify with one of several evangelical Christian denominations. Other cultural characteristics include the support of patriarchal values, distinct dialects, and distrust of outsiders and outside influences (Russ, 2010; Tang & Russ, 2007). Historically, these cultural characteristics are rooted in the migration of individuals from various European locales (i.e., Ireland and Germany, to name a few) and have evolved over time with generation after generation of Appalachian-born children (Williams, 2002). Although Jones' (1994) cultural description offers a broad representation of the Appalachian culture, there are unique differences among Appalachian individuals in the extent and portrayal of these and other values.

A mental health professional who is providing counseling to an Appalachian client may identify as an *insider* (i.e., resides in the Appalachian region and identifies with the Appalachian culture), *cognitive outsider* (i.e., resides in the Appalachian region but denies any identification with the Appalachian culture), or *residential outsider* (i.e., resides outside the Appalachian region and denies identification with the Appalachian culture; Ulack & Raitz, 1982). An individual may also identify as a *cognitive insider*, which would describe one who lives outside the Appalachian region but identifies with the Appalachian culture. Perceptions of the region, people, and culture of Appalachia differ depending on the category with which one identifies. Ulack and Raitz (1982) found that cognitive and residential outsiders tend to perceive Appalachia less positive than insiders.

The distinct nature of Appalachian culture has prompted both positive and negative descriptions and stereotypes characterizing individuals from Appalachia. One person might describe individuals from Appalachia as being hardworking and determined while another might describe them as ignorant and short-tempered. Missing from these narratives are the ways in which the individuals from Appalachia view themselves and the continued evolution of the cultural identity of Appalachia (Kerney, 2000). Many individuals from Appalachia are aware and frustrated by the stereotypes that exist (Billings, Norman, & Ledford, 1999). Anglin (2002) found that "working-class and under-, and unemployed Appalachians...want their own voices to be heard directly, not through the misrepresentations of others" (p. 576). If mental health professionals hold inaccurate views of Appalachian individuals, they should become aware and knowledgeable about the culture. As with other cultural groups, mental health professionals should also be aware of their own perception of individuals from Appalachia and utilize culturally appropriate interventions to meet the mental health needs of their clients.

Mental Health Needs of Appalachian Clients

The ARC (2008) found that individuals in the Appalachian region, particularly in the central region, have higher incidences of mental health disorders (e.g., major depressive disorder), when compared to the national average. Alcohol, opiates, cigarettes, and prescription drugs were used at a higher rate in Appalachia (ARC, 2008). Appalachian individuals may be directly or indirectly impacted by mental illness, substance use and/or intimate partner violence. Several contributing factors might provide probable cause for the increased incidence of mental

health disorders and substance abuse in Appalachia. More specifically, individuals from Appalachia are more likely to seek mental health services when symptoms are severe or disruptive (Gore, Sheppard, Waters, Jackson, & Brubaker, 2016). As emotional and/or physical symptoms become more severe, individuals might also self-medicate with illegal or prescription substances. The combination of symptom severity, self-medication, and barriers to service acquisition could lead to higher incidences of mental health disorders and substance abuse in Appalachia.

Several barriers effect the provision of mental health services to Appalachian clients. Financial restraints, variability of educational levels, geographic location and distance, shortage of professionals, lack of childcare, transportation, and other resources are potential barriers to health and mental health service acquisition (Kerney, 2000; MacMaster, 2013). Although the stigma of receiving mental health services has decreased nationally, a stigma associated with mental health service acquisition may still exist among individuals who identify with the Appalachian culture (Schrift, Cavender, & Hoover, 2013), and may reduce the likelihood of individuals receiving services. Appalachian clients may distrust healthcare professionals, and may communicate their positive or negative experience with counseling to others in their community (Diddle & Denham, 2010; Welch, 2011). There may also be active resistance and a "culture of despair" (Glasmeier & Farrigan, 2003, p. 134), which could present clients who do not engage productively in counseling relationships (Kerney, 2000; Welch, 2011).

Similar to individuals from all cultures, Appalachian individuals may believe they have the resources available to cope with a mental health issue without seeking help from others outside their family. Appalachian families prefer to take responsibility for the care of their family members and resolve the problem at home (Kerney, 2000). Religious expectations often guide the actions, values, and worldviews of Appalachian individuals. Therefore, the same religiosity (i.e., prayer) can be relied upon during times of distress (Diddle & Denham, 2010), instead of seeking help from a counselor. Mental health professionals should seek to understand the religious values of Appalachian clients and communicate respect for how those beliefs could be utilized to address their concerns.

Culturally Competent Interventions for Developing a Working Alliance

The counselor-client relationship is a significant component of the change process for counselors working with Appalachian clients – given the cultural value that Appalachian culture places upon equality within relationships. The core-conditions of unconditional positive regard, empathy, and a non-judgmental attitude (Rogers, 1956) are foundational principles of the counseling profession and critical components of building a strong counselor-client relationship. These conditions are necessary to build a working alliance and begin the process of client change. The working alliance is an element of the overall therapeutic relationship and is defined as "interactive, collaborative elements of the relationship…in the context of an affective bond" (Constantino, Castonguay, & Schut, 2002; pg. 86). Communicating an accurate understanding of and respect for the client corresponds with a stronger counselor-client relationship (Castonguay, Constantino, & Holtforth, 2006). Poor working alliances early in the counseling process have been predictive of client's discontinuing participation in mental health services. Castonguay et al. (2006) reinforced the importance of developing working alliances with minority clients and

examining how problems develop in the relationship between counselors and clients from culturally diverse backgrounds. Vasquez (2007) reported well-intentioned counselors' with biased stereotypes might exhibit behaviors with clients (i.e., body language, lack of empathy, microaggressions) that interfere with the working alliance and contribute to clients' underutilization of mental health services. When counselors are working with cultures that might be distrustful of helping professionals, it is critical that counselors are aware of their unintentional biases and work to repair any problems within the working alliance.

Mental health professionals working with clients should demonstrate awareness of the cultural characteristics commonly observed in Appalachia (see the Appalachian Culture section for more information; Russ 2010) and provide culturally competent interventions that strengthen the working alliance. Counselors are expected to be aware of any negative biases that they have against individuals who identify with Appalachian culture (Salyers & Ritchie, 2006). The complexities of multiple identities and the oppressions encountered should be recognized due to the diversity within Appalachia. Racial, ethnic, sexual, socioeconomic, and spiritual identities need to be determined and addressed. Mental health professionals should examine the intersectionality of multiple dimensions of identity (e.g., an African-American Appalachian client who is gay) and their impact on stress within a client's life (Reynolds & Pope, 1991). Mental health professionals must not only address Appalachian culture, but the conflicts between themselves and their traditional cultural values (e.g., Appalachian clients rejected by their families because they disclosed a sexual orientation not accepted by their family). This may contribute to distress due to the loss of family relationships, difficulty returning to their community, and/or disengagement from individuals within their evangelical Christian church.

As discussed geographic location is an important component of personal identity (Arredondo et al., 1996) and this provides further evidence for utilizing culturally based interventions when developing a working alliance with Appalachian individuals. However, few studies provide specific guidelines for multicultural competent counseling strategies with Appalachian clients. The cultural characteristics and marginalization of Appalachian individuals provide a strong rationale for the application of the multicultural counseling competencies (see Sue, Arredondo, & McDavis, 1992).

In addition to geographic considerations, mental health professionals must assess how strongly the Appalachian individual identifies with the culture of Appalachia (Salyers & Ritchie, 2006), in order to guide the counseling relationship and interventions. Determining to the extent the client identifies as an *insider*, *cognitive outsider*, *residential outsider*, or *cognitive insider* (see above and Ulack & Raitz, 1982), and what it means to be Appalachian is an important step in building a relationship (Salyers & Ritchie, 2006). In preparation for the initial counseling session with an individual from Appalachia, mental health professionals should review materials to increase their awareness and knowledge - see *Appalachian Cultural Competency: A Guide for Medical, Mental Health, and Social Service Professionals* (Keefe, 2005).

Appalachian clients may have developmental concerns that are typical of all individuals. For example, Appalachian individuals enrolled in college may experience loneliness due to missing their home, low levels of support from family due to lack of family resources, family obligations that compete with academic requirements (Bradbury & Mather, 2009; Hand &

Payne, 2008; Russ, 2010; Salyers & Ritchie, 2006; Tang & Russ, 2007), financial difficulties (Bradbury & Mather, 2009; Hand & Payne, 2008), and educational barriers due to academic under-preparedness (Hand & Payne, 2008). Similar to other individuals, it is helpful for counselors to understand the values, motivations, acculturation experiences, and community engagement of Appalachian clients (Bradbury & Mather, 2009; Dees, 2006; Hand & Payne, 2008; Salyers & Ritchie, 2006).

Appalachian individuals often attempt to balance the cultural values of Appalachia while conforming to the expectations of their changing environment (i.e., college campus; Dees, 2006). Family and friends may perceive an Appalachian client's agreement with the views of mainstream society as a lack of loyalty to their background (Salyers & Ritchie, 2006). Mental health professionals should spend time investigating the internal conflicts experienced by Appalachian clients. Bennett (2008) suggested that counselors should help Appalachian clients resolve the conflicts between their values and decisions. Encouraging clients to maintain the values associated with their Appalachian culture, rather than trying to distance themselves from their regional culture, can strengthen the working alliance (Gore, Wilburn, Treadway, & Plaut, 2011).

In addition to potential value conflicts, there may be barriers (e.g., transportation, payment, and availability of counseling services) to accessing community mental health resources for Appalachian individuals. Mental health professionals should then focus their attention on how to reduce difficulties and cultural stigma that may prevent Appalachian individuals from seeking counseling services. Understanding that Appalachian stereotypes are reinforced and accepted in society (e.g., see television reality shows such as *Redneck Island, My Big Redneck Wedding, Appalachian Outlaws, Moonshiners*, etc.), mental health professionals should assess their own internalization of biased opinions about individuals from Appalachia (Salyers & Ritchie, 2006). An individual's internalization of cultural stereotypes might manifest as self-deprecation, helplessness, or doubt regarding the benefit of counseling (Ambrose & Hicks, 2006; Salyers & Ritchie, 2006).

Negative stereotypes about the counseling process can also be a barrier for Appalachian clients. As mental health professionals establish an egalitarian relationship with clients, it is particularly important to attend to interventions that may harm the equal balance of power in the counseling relationship. Choosing to take an expert role may contribute to distrust by Appalachian clients and reduce the working alliance (Ambrose & Hicks, 2006). For example, if an individual identifies with the cultural value of being 'neighborly' (Jones, 1994), the mental health professionals should take a few minutes at the beginning of a session to make small talk (i.e., weather, news, upcoming events; Russ, 2010). Providing appropriate self-disclosure and utilizing silence within the counseling session are also important tools in establishing an egalitarian working alliance (Russ, 2010).

When building a working alliance, mental health professionals need to be aware that reluctant compliance may be a cultural value (Jones, 1994). For example, a client might agree to complete homework to avoid offending the counselor regardless of the client's interest in or intention to complete the assignment (Ambrose & Hicks, 2006). Mental health professionals should facilitate an open conversation with the client to determine their perspective on the

benefit of homework. This can involve giving the client permission to disagree with the counselor if they don't believe the homework would be particularly helpful. Additionally, mental health professionals should identify ways to include additional support systems (e.g., family, community, religion) as appropriate to the treatment goals (Russ, 2010). Inclusion of these support systems may aid with developing a working alliance as the mental health professional will have a better understanding of the clients culture as reflected by those individuals close to the client.

Given the cultural values of Appalachian individuals, treatment inventions that incorporate strengths-based interventions (e.g., person-centered therapy, existential theory, narrative therapy, solution-focused therapy, family systems) will be beneficial in working with Appalachian clients, particularly those from urban areas within Appalachia (Gunn, 2001; Keller & Helton, 2010). Utilizing empowering interventions strengthens existing cultural values and facilitates a positive working alliance and therapeutic outcomes (Ambrose & Hicks, 2006).

To develop a working alliance, A *Cultural Formulation Interview* (CFI; American Psychiatric Association [APA], 2013) could be utilized as an initial assessment. The CFI is a 16-question structured interview tool that can enhance a mental health professional's understanding of relevant cultural information about a client. The CFI interview includes four discrete sections assessed during initial counseling sessions. These include the following tasks: defining the problem culturally, determining the cultural perceptions of cause, context, and support of the problem, understanding cultural factors affecting self-coping and past help seeking; and recognizing the cultural factors affecting current help seeking (APA, 2013).

Case Illustration using the Cultural Formulation Interview (CFI)

The *Cultural Formation Interview* (APA, 2013) provides an initial assessment that can increase the working alliance with Appalachian clients. The following case is an illustration utilizing the CFI within the context of working with a client from Appalachian region. Hunter (a pseudonym) is an 18-year-old White male from West Virginia. Hunter is attending a four-year college located four hours from his home in an urban university on the border of the Appalachian region. The rural community where Hunter was raised is considered part of the cultural core of Appalachia. Hunter's academic advisor referred him to the counselor on campus after discovering that Hunter was failing two of his courses. When Hunter made an appointment to see the counselor, demographic information was obtained which informed the counselor that Hunter moved from Appalachia. Below is a segment from the initial meeting between the counselor and Hunter with the intent of increasing the working alliance.

Introduction and Establishing an Egalitarian Relationship

Counselor: "Good morning Hunter. How are you today?"

Hunter: "Well, I'm fine, I guess. How are you?"

Counselor: "I am well. Thank you for asking. Today is a beautiful day. The weather is nice; a good day to spend outside. It's not too hot or cold."

Hunter: "Yeah, days like this are good for outdoor work. My dad always used these days to do the hardest work - like baling hay or working on the farm."

The first part of the counseling session is important for building rapport. Although not true for all individuals, immediately asking someone from Appalachia why she or he is seeking counseling services may be off-putting.

Cultural Definition of the Problem

Counselor: "Hunter, I noticed that your face lit up when we were talking about your family. Now that the conversation has shifted to school, your demeanor has changed and you seem sad."

Hunter: "It is really a combination of things. I miss my family, and I don't think I fit in here. My parents have sacrificed for me to be here, and I don't want to let them down."

Counselor: "You mentioned that you don't think you fit at the university. Please tell me a little more about your experience?"

Hunter: "Some of the students are from big cities, and I am from a small town in West Virginia. I am used to seeing my neighbors and other people I know every day. People stop and ask how I am, and I do the same. There is time to be outdoors and be with my family."

Counselor: "In order for you to be happy here, what do you think needs to happen?"

Hunter: "It would be nice to have more friends. It would be great if I could find other students who are from small towns and value the same stuff – like family and the outdoors. I think it's important that I make trips home, because my family is important to me."

At this point, the counselor is beginning to uncover information about the client's cultural identity, which is leading to a better understanding of the problem. Hunter appears to align with the Appalachian cultural values of neighborly, devoted to family, and love for home (Jones, 1994), which provides insight into the presenting problem - a need for social support.

Cultural Perceptions of Cause, Context, and Support

Counselor: "Hunter, you mentioned that you would like to make friends here - preferably friends that share a similar background. What have you already done to achieve this?"

Hunter: "Well, I can't say that I have done anything. Making friends was so easy in West Virginia. We were all from the same area and shared many of the same things. I have never had to try. I had friends at school, friends a church, and family. Now, I don't have anyone"

Counselor: "What would it be like to try to make friends?"

Hunter: "It will probably be hard. I don't even know where to start."

The counselor is beginning to learn about aspects of Hunter's background and cultural identity that contribute to his problem (i.e., lack of social support). Because Hunter has not had to try to

make friends in the past, he is feeling lost about how to connect with others and build a social support network in the present.

Cultural Factors Affecting Self-Coping and Past Help Seeking
Counselor: "With which family members or friends have you discussed your difficulties?"

Hunter: "I spoke with my pastor back home. My pastor moved out of the area once before coming back to live there for good. He understood what I was saying but didn't really have a solution. He prayed with me and encouraged me to keep praying, which I have been doing."

The counselor is learning about another value of Hunter's – *religiosity* (Jones, 1994). Additionally, Hunter is providing information about his typical help-seeking behavior. As counseling progresses, the counselor may want to collaborate with Hunter's pastor and incorporate his religiosity into the therapeutic process.

Cultural Factors Affecting Current Help Seeking
Counselor: "What ideas do you have for ways in which I can help you help yourself?"

Hunter: "While I was waiting to see you, I noticed some brochures for clubs on campus. There is an equestrian group that I didn't even know existed. Maybe I will check it out?"

Counselor: "I would be happy to review these materials with you and what it was like for you to meet other students who participate in that group."

The counselor allows Hunter the space to identify ways in which the counseling process could be most helpful, which is validating and empowering. By doing so, Hunter has the opportunity to provide two valuable pieces of information: (1) his interest in available campus organizations and activities, and (2) the value of placing informational brochures in a location easily accessible to students. Moving forward, the counselor should consider ways to inform more Appalachian students of available opportunities for involvement in the campus community.

Discussion

As mental health professionals counsel clients from diverse cultural backgrounds, it is important to have a culturally competent approach for developing the working alliance and providing an environment for self-actualization. Those who work within or near the Appalachian region must improve their ability to build a relationship with individuals who identify with this unique culture. Without an understanding of the culture of Appalachia, counselors risk providing services that are culturally insensitive or inappropriate. Conference presentations, webinars, and other continuing education workshops on the topic of Appalachian individuals are useful to increase counselor effectiveness. Mental health professionals can increase their cultural competence with clients from Appalachia by: (a) becoming more aware of their own beliefs and values about Appalachian culture and these individuals; (b) becoming aware and sensitive to the experiences of these individuals; and (c) understanding the impact of oppression, power, and privilege on these individuals' academic, career, and personal development (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016).

Mental health professionals must engage in advocacy to change the institutional barriers that prevent individuals from marginalized populations from successfully utilizing counseling (Shallcross, 2010). This can be accomplished by developing an awareness of the barriers that exist within communities and collaborating with other professionals in mental health centers to reduce obstacles to treatment. Future research is necessary to understand the competence of mental health professionals working with individuals from the Appalachian region. In particular, it would be helpful to examine the working alliance between cognitive-outsiders who are employed as counselors within the Appalachian region. Mental health professionals should integrate multicultural and social justice competencies from a strengths-based approach to impact individual and systemic-levels of change (Ratts et al., 2016). Additionally, it would be interesting to examine the success rate (i.e., complete vs. discontinue counseling services) of Appalachian clients participation in counseling and determine the effectiveness of the interventions utilized.

Faculty and students within graduate mental health professional preparation programs could provide outreach programs to individuals in underserved areas of Appalachia (e.g., psychoeducational workshops in their community). Outreach programs could provide an opportunity for students to learn more about the Appalachian culture. These intentional efforts underscore the importance of fostering the development of mental health professionals who are culturally competent to create an environment recognizing the unique strengths and needs of Appalachian clients.

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