

# An Empirically Supported and Culturally Specific Engagement and Intervention Strategy for African American Adolescent Males

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The need for effective culturally responsive treatments has become more urgent as the number of ethnic minority clients continues to increase. Previous research with a clinically referred sample of substance-abusing African American inner-city teenagers found that treatment engagement increased when cultural content was incorporated in the therapeutic process (Jackson-Gilfort, Liddle, Tejada, & Dakof, 2001). This article amplifies these findings by offering clinical guidelines for how to develop and implement culturally specific interventions that contribute to the therapeutic engagement of African American adolescent males. Clinical outcomes may be improved by integrating culturally responsive intervention methods within a multisystemic approach to the adolescent's treatment.

Family therapy has a rich tradition of shaping treatments according to the cultural characteristics of diverse client populations (Falicov, 1983; McGoldrick, Pearce, & Giordano, 1996). Systemic conceptualizations and therapy methods have been tailored to the life experiences of different cultural groups and to the practical needs of the clinical situation (Montalvo & Gutierrez, 1983; Sluzki, 1979). Family therapists also have defined methods of teaching a cultural perspective to new therapists (Falicov, 1988). Working in these traditions, as well as within a treatment development framework (Kazdin, 1982), this article addresses engagement strategies developed to address the characteristics and needs of a particular cultural group, African American adolescent males.

Engaging clinically referred, juvenile-justice-involved, African American adolescent males in family therapy is a challenging task for many therapists (Kazdin, Stolar, & Marciano, 1995; Rowe & Grills, 1993). Advances in the field include the articulation and testing of culturally specific interventions for African American youths (Abram, Teplin, McClelland, & Dulcan, 2003; Caldwell et al., 2004; Gil, Wagner, & Tubman, 2004; Lyon & Woodward, 2003; Moore, Madison-Colmore, & Moore, 2003; Oyserman,

Terry, & Bybee, 2002). Part of this stream of work, this article outlines a culturally specific, family-based treatment engagement and intervention strategy for assisting with the engagement of African American adolescents. This systematic engagement strategy, called the *cultural theme engagement module*, was developed as part of the Multidimensional Family Therapy ([MDFT] Liddle, 2002) research program which has efficacy, effectiveness, process, cost, and dissemination research studies (Liddle, 2004). The components of the cultural theme engagement module include (a) assessment of and interventions within multiple systems of the adolescent's life, (b) an emphasis on facilitating active adolescent involvement in treatment, (c) the use of popular culture including the music of the adolescent's culture, and (d) focused and systematic discussion of salient cultural themes (e.g., cultural mistrust, anger/rage, alienation, respect/disrespect, spirituality, the journey from boyhood to manhood, racial socialization, racism, and hopelessness) as a means to facilitate adolescent self-disclosure and engagement with the therapist and the therapeutic process. In a previous process study on engagement, the *journey from boyhood to manhood* theme proved to be a relevant and effective topic that engaged African American male adolescents (Jackson-Gilfort et al., 2001). In sessions subsequent to this theme's discussion, adolescents were rated as more engaged in the treatment process than when this theme was not discussed. Additionally, discussion of the journey from boyhood to manhood developmental theme predicted adolescent involvement in the therapy process in the session following this topic's discussion. The cultural-themed interventions described in this article have been developed in the context of MDFT (Liddle, 2002), an empirically supported treatment for adolescent drug abuse that is recognized in the United States and internationally as among the most effective treatment approaches for adolescent drug abuse (Brannigan, Schackman, Falco, & Millman, 2004; Center for Substance Abuse Treatment, 1998; Communities That Care, 2004; DrugScope/Drug and Alcohol Findings, 2002; Drug Strategies, 2002; National Institute on Drug Abuse, 2001; Office of Juvenile Justice and Delinquency Prevention, 1999; Rigter, Van Gageldonk, & Ketelaars, 2005; Substance Abuse and Mental Health Services Administration, 2004; U.S. Department of Health and Human Services, 2002).

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This research has been supported by a variety of grants from the National Institute on Drug Abuse (H. Liddle, Principal Investigator).

The cultural themes content in this article is based on the dissertation research of April Jackson-Gilfort. We gratefully acknowledge Dana Becker and Michael Taylor, who worked on the initial attempts to integrate these themes into the MDFT model, and Rosemarie Rodriguez for her editorial contributions. We also acknowledge the work of the MDFT Treatment Development teams at Temple University and the University of Miami Miller School of Medicine.

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### Cultural Influences on the Street-Involved, African American Adolescent Male

When attempting to engage drug-involved African American adolescent males, it is critical that therapists consider the simultaneous and intersecting influences of the adolescent's cultural contexts. These young men have membership in, and are influenced by, three cultural realms: (a) the mainstream American culture, (b) the minority cultural experience, the acceptance of both oppressive and racist beliefs in an attempt to work within the society (Gibbons, Gerrard, Cleveland, Wills, & Brody, 2004), and (c) the traditional Black or African American culture (Boykin & Toms, 1985; Phinney & Devich-Navarro, 1997). These three cultures, however, themselves are nested within a youth or adolescent subculture, which is, in turn, embedded within the street culture. There are relatively few published studies on culturally specific interventions that address the multiple embedded cultural contexts of minority adolescents (Moore et al., 2003). Previous studies conducted with Native American and Hispanic youth demonstrated that interventions which address the multiple cultural and social contexts of the ethnic youth and families involved in treatment can have a positive impact on important therapy outcomes, such as reduced drug use (e.g., LaFromboise & Bigfoot, 1988; Malgady, Rogler, & Constantino, 1990; Szapocznik et al., 1986). On the basis of previous research, the culturally specific family-based treatment method presented here attempts to take into account all of the interconnected cultural influences that affect African American youth. The use of this knowledge, as has been the case with the use of research-based developmental knowledge (Liddle et al., 2001), has practical intentions. Our data and the clinical guidelines presented in this article demonstrate the practical value of incorporating culturally rooted, research-based knowledge in treatment.

#### The Antisocial Culture of the Street

Research on the "code of the street" often emphasizes the notion of *oppositional culture and identity* to describe the phenomenon where African American youth reject certain dominant norms and behaviors because they believe them to be the province of the dominant group—White middle class culture (Anderson, 1999). Under the impression that certain behaviors only benefit Whites, African American youth begin to perceive these societal norms as "acting White" and consequently reject them (Fordham & Ogbu, 1986). Studies have shown that adolescents who reject traditional values have been shown to be more likely to affiliate with deviant peers and engage in substance abuse and other delinquent behaviors (Hawkins, Catalano, & Miller, 1992; Jessor & Jessor, 1977; Kandel, 1982). Street culture further increases the social distance between African American teens and protective Afrocentric values and beliefs (Anderson, 1990; Burton, Allison, & Obeidallah, 1995; Cherry et al., 1998; Johnson et al., 1996), thus increasing the likelihood that youth will affiliate with antisocial peers (Cairns, Cairns, Neckerman, Gest, & Gairepy, 1988), initiate drug use (Johnson et al., 1996), and develop or reinforce a cognitive belief system that further increases the likelihood of deviant peer association, substance abuse, aggression, and delinquency (Dodge, Price, Bachorowski, & Newman, 1990). Feeling alienated from mainstream prosocial influences and becoming connected to de-

linquent and deviance-prone street culture also decreases the chances of receiving the socialization and skills needed to succeed outside of the street environment (Anderson, 1990, 1999; Gil et al., 2004; LaFromboise, Coleman, & Gerton, 1993).

Research shows, however, that certain circumstances are associated with protection from antisocial influences. For example, when young people possess a positive cultural identity (Belgrave et al., 1994; LaFromboise et al., 1993), when they are connected to family (Duncan, Brooks-Gunn, & Klebanov, 1994; Luster & McAdoo, 1994 [particularly when effective parenting techniques are used; Li et al., 2002]) and community (Johnson et al., 1996; LaFromboise et al., 1993), and when they have outlets for positive bicultural socialization experiences (Stevenson, Reed, Bodison, & Bishop, 1997), they are less likely to become involved in drug abuse (Belgrave et al., 1994; Hawkins et al., 1992) or delinquent behaviors (Stevenson et al., 1997; Weber, Miracle, & Skehan, 1995).

### Multidimensional Family Therapy (MDFT)

#### *Engaging Adolescents in Treatment*

Adolescents generally pose formidable challenges to therapy engagement (Armbruster & Kazdin, 1994), and African American adolescents offer additional treatment engagement challenges (Kazdin et al., 1995; Rowe & Grills, 1993). The diagnoses of substance abuse and conduct disorder are indicators of a poor engagement prognosis (Kazdin et al., 1995; Miller & Prinz, 1990), as these teens face developmental challenges that negatively influence the therapy engagement process. Having learned the lessons from family therapy generally (e.g., Minuchin, 1974), and understanding issues such as stigma that affect some African American youth (Lyon et al., 2003), we are on guard against blaming teens and families for being "resistant" to the enterprise we call therapy. We assume that it is the treatment provider's responsibility to make therapy relevant and meaningful. Thus, clinicians need to implement a treatment with certain characteristics, including features that address logistical obstacles to treatment (home-based sessions as an option) to effectively fight the natural and understandable treatment barriers experienced by various ethnic minority groups. Our treatment approach relies on a substantive and accurate understanding of adolescent and family development (Liddle et al., 2000). In tailoring our interventions to work with various cultural groups, including African American youth and families, we have studied and incorporated the relevant literature in the same way that we have always proceeded in incorporating research on developmental issues into our treatment protocol (e.g., see Liddle et al., 1998, for adaptations of the treatment per the developmental literature on parenting).

An Afrocentric perspective posits that African American adolescent males are faced with a unique set of social forces (e.g., racial oppression, discrimination, poverty) which deter these youth from normal/healthy development (Moore et al., 2003). For example, young African American substance-abusing and juvenile-justice-involved youth may be less cognitively developed and socially mature than the mainstream adolescent population (Oetzel & Scherer, 2003). These youth may not comprehend or accept the purpose of or need for treatment and maintain feelings of doubt about the therapeutic process, which may contribute to a lack of engagement or dropout from services (Oetzel & Scherer, 2003).

In recent years, however, randomized clinical trials comparing family-focused models of drug abuse treatment for adolescents to other forms of treatment have shown promising results in engaging and retaining minority adolescents in drug treatment (Henggeler et al., 1991; Stanton & Shadish, 1997). These studies suggest that, with vigorous engagement methods (e.g., in-home sessions, practically focused treatment that aims for outcomes in multiple systems), African American adolescent drug abusers can be retained and engaged in family-based treatments to higher degrees than non-family-based treatment modalities (Liddle & Dakof, 1995).

### *MDFT Engagement*

One of the first priorities of this family-based model is to actively engage all of the family members in treatment. Since this is an intervention that takes into account and influences the family's interactions with extrafamilial sources of influence such as school, engagement also includes involved persons outside of the family. Thus, in a sense, just as we have multiple therapeutic alliances in family-based treatment (therapist + each family member), the clinician also builds therapeutic, practically oriented relationships with extrafamilial professionals, people of influence in the youth's current social ecology. While the endstate of treatment involves having the parent and teen achieve transformed relationships and outcomes with these extrafamilial influences—and thus the therapist is, by the end of treatment, out of the picture with the school or juvenile justice officials—at the outset of treatment, the therapist has direct and sometimes frequent outcome-oriented contact (facilitating contact, meetings between family members and school or juvenile justice officials) with these sources of influence.

Our use of culturally specific life experiences and themes (e.g., discussion of becoming a Black man) were developed within an ongoing program of treatment development and research (Liddle & Hogue, 2000). We ask for the youth's viewpoints on these themes as one way to facilitate therapy's relevance for the adolescent. Establishing, indeed proving, therapy's relevance for the teen is vital (Diamond, Liddle, Hogue, & Dakof, 1999). We have found that when particular therapeutic content and discussions are achieved in the first three sessions, an initially poor therapeutic alliance can be reversed (Diamond et al., 1999). Key in-session therapist behaviors that build the alliance between the therapist and the adolescent include (a) articulating personally meaningful topics and treatment aims, (b) focusing on the self and personal story of the teenager, and (c) assuming the therapeutic stance of ally.

The context of the culturally focused interventions is utilized in both individual and family sessions. As a subsystem therapy, the MDFT treatment system works in a parts-to-whole direction (individual sessions have implications for work that can be brought to family sessions) and in a whole-to-parts direction (the family sessions and sessions with the extrafamilial influences have implications for the work that is done with parents alone or with the adolescent alone) (Liddle, 2002). These cultural themes are not seen as a threat by the parents because many of them (e.g., racial socialization, becoming a competent Black man) are things that they endorse and have stated they would like assistance with (in addition to the core worries about their son's drug and delinquency behaviors). The possibility of individual sessions with the adolescent and the support that is given in those meetings as posing a

problem for the parents is something to which we are sensitive. In practice, however, as there are individual meetings with the parents (in which support is given and individual work is conducted with them), and because of the nature of the individual sessions and emphasis with the teen (articulation of their viewpoint and assistance in expressing these views, goals, and problems directly to the therapist and to the parents), parents rarely object to this core aspect of how MDFT is organized.

An adolescent's increased willingness to discuss his life gives the therapist greater access to the teen's psychosocial worlds. This is critical because one of our major clinical goals is to exert influence (and help parents to exert influence) in the adolescent's problem areas (e.g., behavior, emotion regulation, school, family, deviant peer group). Although not the best course of action, nor indicative of a positive relationship with the teen, therapists can gain access to school and family without the adolescent's input. However, therapeutic access to the adolescent's psychosocial worlds, including his street culture, is best gained through the adolescent's telling of his personal story.

In summary, MDFT attempts to incorporate the concept of multiple embedded cultural influences (e.g., mainstream, African American, street culture) and current relevant adolescent development research with African American youth that define the particular developmental issues and needs of African American youth (e.g., Brown, Flory, Lynam, Leukefeld, & Clayton, 2004; Shillington & Clapp, 2003; Stevenson, Cameron, Herrero-Taylor, & Davis, 2002) as guides in determining which areas of the clinically referred adolescent's life require attention and intervention. The treatment also entails direct involvement in the multiple systems (e.g., school and family) of the adolescent that we attempt to influence. Finally, the cultural theme engagement intervention has been informed by process research which found that certain salient content could increase an adolescent's engagement and involvement in family therapy (Jackson-Gilfort et al., 2001). Next, we focus on how to generate discussions of this salient cultural content, and what we do with the details of the life story that the adolescent reveals.

### *Culturally Specific Strategies in MDFT: Gaining Access Through Music*

Facilitating therapeutic access into the world of African American adolescents through music and other salient issues (e.g., athletics and religion; Fisher, Juszczak, & Friedman, 1996; Moore, Madison-Colmore, & Moore, 2003) increases intervention opportunities with the adolescent. The following vignettes demonstrate the effectiveness of using the music of the adolescent's culture within the therapeutic context to help adolescents discuss areas of their lives to which the therapist otherwise would not have access. The first vignette involves a young man who talks to his mother and therapist about how his behavior is influenced by the *gangsta rap* artists he admires. In this session, the young man discusses the influence of rap music on his drug use.

*John:* The only reason why I used to do marijuana is 'cause I heard rappers say they used it, like Snoop Doggy Dog.

*Mom:* (sarcastically) Isn't he cute?

- John:* No, for real, 'rolling down the street smoking endo, sippin' on gin and juice.'
- Therapist:* Oh, now he's singing the raps.
- Mom:* Are you going to listen to a record?
- John:* Yeah, that's how it is these days.
- Mom:* You'd rather listen to a record than listen to what I've been telling you?
- John:* Listen to a record. That's how it is, you can ask mostly anybody, that's how it is.
- Therapist:* People are doing a lot of stuff out there, it's not just because of the rappers.
- John:* It's because of the rap.
- Mom:* It's because of what you want to do from the beginning.
- John:* No, it's rap. Snoop Dog sounds better than you.

Here, discussion of the teen's music leads to his revealing that that the rappers "sound better" than his mother's voice of attempted influence. By discussing his music, the adolescent offers the therapist and his mother the opportunity to talk about how he is influenced by the culture of the street. Discussion of music, particular gangsta rap artists, and related topics helps therapists to make overt and substantial (in terms of time spent on the topic, use of the topic as a window into the teen's life, values, beliefs, behaviors, and goals) the therapeutically critical topic of important life influences.

In another case, the therapist tries to help the adolescent talk about his connection to street life by requesting that he bring in some of his music. Here the therapist helps the adolescent to discuss aspects of what he is interested in, what he believes in, and the kinds of things that influence him. The therapist finds that the music helps the adolescent to specify aspects of his world which frighten him. The young man brings in a tape of the now-deceased Notorious B.I.G. In the chosen song, the rapper details his experiences robbing and stealing from men, women, and children. This exchange occurs after the tape concludes:

- Mike:* Yeah, he used to do that kind of stuff (rob people), but now he just makes songs about it. He's married now.
- Therapist:* You listen to it? And other kids listen to it and get on a hype vibe with it, and sometimes try to make this thing, well, turn it into reality? You said you know some kids who this happens for?
- Mike:* I do know some. Lots of kids do that.
- Therapist:* Do they go out robbing while they listen to it?
- Mike:* Most of the time they are in cars. People know that too. If they see a car full of people. . . well anytime you see a car full of people, and they don't look familiar, and you are walking around my way, and they have music like that on, you know somebody's about to get shot up. It happened to me like that.

Discussion about the young man's life on the street follows. The adolescent talks about getting robbed on the street and about the

fight he initiated the day after being robbed in retaliation for being attacked. This vignette demonstrates the type of meaningful information and dialogue that can be generated by incorporating the youth's music into the therapy process. It highlights another important intended outcome as well, this one pertaining to the therapist. By successfully accessing this part of the adolescent's world, the therapist's perspective of the teen is expanded. Most youth (in one study, 66%; American Psychological Association [APA], 1993) who commit violent crimes have also been the victims of similar violent crimes. Accessing this kind of rich, explicit detail about the teenager's life is a critical initial step in intervening in areas that are otherwise unavailable.

The music that these young men listen to frequently speaks volumes about their experiences and their views of life. Pressley (1992) describes rap music as an art form which gives African American males a way to express despair over acute psychosocial and physical needs. Others have been able to demonstrate how the social themes contained in many rap songs can influence young adolescents and young adults' attitudes toward violence. In experimental studies designed to explore the relationship between listening to violent rap lyrics and permissive attitudes about violence, researchers found that (a) exposure to violent rap music led to a greater acceptance of the use of violence (Johnson, Jackson, & Gatto, 1995) and (b) adolescents deeply involved in the rap music culture, particularly those variations of rap that promote violence like gangsta rap, considered violence to be a viable, ordinary solution to a variety of life stresses and problems (Hansen, 1995; Johnson et al., 1995). By encouraging adolescents to play and discuss their music in session, the therapist creates opportunities to explore how the adolescent views the world, and how the street culture gains its influence over him. With this perspective in mind the therapist enters (figuratively) the teenager's world with specific knowledge, not dissimilar from the population specific developmental knowledge we have used pertaining to adolescents generally or to families and parents (Liddle et al., 1998, 2001). This information is also of interest to other important figures in the teen's life (e.g., family members, teachers, mentors), those individuals who are recruited by the therapist to participate in the MDFT treatment with the goal of helping them to help make a positive difference in the teen's life.

### Using Cultural Themes in Therapy

Once access is gained to information about the adolescent's street influences, we try to exert influence (and help the parent to exert influence) on the emotions, beliefs, and behaviors which have been sustaining the teenager's participation in delinquency and substance abuse. The therapist tries to teach the adolescent new and necessary skills (e.g., anger control, bicultural efficacy, communication, drug refusal) and to build new relationship bonds (or reestablish old connections) between the adolescent and caring family or community members. In accord with what we know about circumstances that protect African American at-risk youth from developmental detours and dysfunction, we believe that these new connections help maintain the positive socialization influence of therapy and that they also assist with the teaching, practice, and maintenance of skills that the adolescent acquires in treatment. Next, we describe how to enact a clinically proven salient theme

for African American adolescent males, the *journey from boyhood to manhood* (Jackson-Gilfort et al., 2001).

### The Journey From Boyhood to Manhood

This thematic focus addresses the ideas, feelings, and influences of the adolescent as he matures from being a Black boy to being a Black man. The transition into adulthood is salient for all adolescents. However, the clinically referred, juvenile justice involved African American adolescent has frequently grown up with few opportunities for male socialization by prosocial African American adult men (Anderson, 1990; Burton et al., 1995). For both majority and minority youth, without some attachment to prosocial institutions (i.e., school, church, family), adolescents are more likely to affiliate with deviant peers and engage in substance abuse and other delinquent behaviors (Jessor & Jessor, 1977; Kandel, 1982; Resnick et al., 1998).

Developmentally, adolescence is a time where peers gain increased influence. During this period as well, however, parents continue to have a critical role in influencing the successful development of their adolescents (Steinberg, 1990). In an effort to offer the adolescent a safe context to explore these developmental or "passage" issues with parents and other concerned adults, we used the journey theme as a core therapy topic. The *journey from boyhood to manhood* focus helps to define therapy as the context within which the adolescent inventories his skills and preparedness for manhood. The theme is explored with focused discussions on issues including: (a) What is manhood? (b) What skills does the adolescent need for survival in the mainstream world? On the street? and (c) How does the adolescent view the street as being a part of his identity as a man/Black man? Central to these intentional, focused discussions are assessments of the modeling or mentoring interactions present or absent in the teen's life. We ask about people, values, and beliefs which have influenced the adolescent's life. For adolescents who say they have no mentors, this theme is addressed through discussions of the kinds of mentoring experiences that they would like to have. Attention then moves to how these experiences might be established.<sup>1</sup>

Identifying and integrating prosocial male mentors is a critical component in the therapeutic process. Next, we show the strategy used by a therapist attempting to incorporate prosocial mentors into the adolescent's treatment. An inquiry about the teen's parents reveals that the youth's father is incarcerated, and because of the adolescent's extensive drug use history, his mother has firm plans to throw him out of the house on his (soon to occur) 18th birthday. The therapist has the goal of including in treatment the older male family member referred to by the teenager. This individual, a mentor, may be able to help the teenager with a prosocial and developmentally appropriate goal, becoming a U.S. Marine. First, however, the therapist spends time creating a foundation for the intervention, a common MDFT intervention first step. He orients the adolescent about why progress in these areas is important for his future.

*Ray:* I'm going into the Marines because I know that they will help me get my degree.

*Therapist:* Now, you know someone who was in the Marines previously don't you?

*Ray:* Yeah, my uncle. He's married to my dad's sister, and he lives about 40 minutes away.

*Therapist:* Now, did he help you set up the meeting with the recruiter?

*Ray:* No, but he's real nice. It's just that, I mean, I mostly call him when I need something.

*Therapist:* Do you feel like you've burned your bridges?

*Ray:* No, but when I ask people for something I feel like I owe them. When I was little he used to buy me clothes and help me in school. He talked to me about men stuff. He was like a mentor for me. He's real nice.

*Therapist:* What happened?

*Ray:* It just broke off, he got busy. He sleeps in the day.

*Therapist:* Does he work nights?

*Ray:* Yeah, . . . I like being around him because he's real proper. He's not like the people I usually see. Like he don't listen to rap. He listens to jazz. A lot of stuff he did, I'd like to (pause) . . . Oh, I do not know. He changed my aunt a lot, she used to be gossipy.

*Therapist:* OK, so let's talk about your aunt and uncle. I'll tell you why I'm asking. See, when you say to me that you don't feel like you have any family, and there's a lot of negative stuff around you and then you are able to say that this uncle is different and proper, and your eyes light up, and you tell me he's kind of like a mentor, well that's important. A mentor is an important thing to have for a 17-year-old kid. And if your uncle is good to you and you like him, then this might be somebody who you can get some positive stuff from.

*Ray:* Yeah.

*Therapist:* Do you have his phone number, maybe I can call him and the three of us could meet together and see what we could arrange. You can invite him or I'll invite him. He sounds like the kind of person who would be happy to know that you thought of him as a mentor.

*Ray:* Yeah, now when he comes here, watch him. Watch how he acts. I would like to be like him.

*Therapist:* I would like to help you do that.

The therapist notices a dramatic positive change in Ray's emotional tone and body position when he speaks about his uncle. First the therapist explains to Ray why she is interested in talking about this supportive person in his life, and then becomes more action oriented. Plans are set in motion to help Ray reestablish this prosocial and supportive connection. The therapist first wants to help Ray reconnect with a previously supportive man who can help

<sup>1</sup>Of course it is true that MDFT is a drug abuse treatment and significant parts of the treatment protocol focus on drug taking, social cognitions about drugs, the personal meaning and consequences of drugs, dealing with one's drug use in the context of damaged family relationships, and so on. At the same time, we have found that a workable and practical way to introduce protective factors in the teen's and family's life, necessary compliments to any problem solving therapeutic focus, has been to embed "where are you headed" discussions in the context of the cultural themes we define in this article.

with his goals of joining the Marines and staying drug free. The therapist seeks to include this older mentor into at least a part of treatment to help Ray learn the skills he will need for adulthood (i.e., learn the skills to be “proper” like his uncle). The therapist sees this uncle as a potential collaborator to her goals. Ray’s uncle is a positive male role model who can help teach the adolescent, in the uncle’s words, “what he needs to know” to become a man.

### *Manhood Training*

When developing discussions around the adolescent’s journey toward manhood, we are mindful of the central role played by attachments in all teens’ development. Many studies now confirm that positive relations between adolescents, parents, and extended family members and community connectedness are directly related to adolescent psychological and emotional well being (Brook, Brook, Gordon, Whiteman, & Cohen, 1990; Kandel & Davies, 1996; Resnick et al., 1998). Therefore, creating opportunities to strengthen the adolescent’s and family’s prosocial attachments is a critical component in the adolescent’s treatment process.

The therapist helps the adults in the adolescent’s life to incorporate the role of mentor or trainer into their parenting. Therapists work with parents and other concerned adults to find appropriate training contexts and activities to facilitate the adolescent’s journey into manhood, or “rites of passage.” The rites-of-passage process is an important part of African American culture and it has the potential to provide a prosocial path for both at-risk and clinically referred teens (Hill, 1998; Watts & Jagers, 1998). Fathers or father figures are important and can play a unique role in this critical developmental stage. These men can provide the adolescent with information about and a vicarious experience of their own journey into manhood (Thomas, Farrell, & Barnes, 1996). In a study of family structure and psychosocial correlates among urban African American males (Zimmerman, Salem, & Matton, 1995), teens who report more emotional support and more time spent with fathers or father figures (regardless of whether these individuals resided in the home) were less depressed and reported more life satisfaction than adolescents without these relationships. Youth who reported no emotional support from father figures also tended to report more delinquency and more marijuana use. These youth were more likely to drop out of school as well (Zimmerman et al., 1995). In some cases, increased time spent with fathers or father figures is sufficient to facilitate skill development. In other cases, where these men are not accessible, Afrocentric rites-of-passage programs (Hill, 1992; Watts, Abdul-Adil, & Pratt, 2002), church groups, or job training initiatives are used to assist with the processes of emotional support, skill development, and values learning.

### *Manhood and Antisocial Influences*

Traditionally in the Black community, parents have been able to rely on extended family networks and community caregivers (“old heads”) who take some responsibility along with the primary work of the parents for assisting youth with their journey into adulthood (Anderson, 1990; Majors & Billson, 1992). However, ethnographic research shows that today the new “old head” is frequently antisocial (Anderson, 1990). This new agent of community socialization has become creative and successful in responding to the needs of the inner city African American male adolescent. The old head is able to offer him employment (through the drug trade), self-respect (through the

acquisition of material needs and wants), and peer group affiliation (gangs, crew, or a posse). For African American boys, this peer group can be a tribunal, a social context where identity is shaped and validated by “brothers” (other Black males) on the streets (Taylor, 1991). The contemporary old head confers dignity and self-worth to the teen by “choosing him” and permitting the new recruit to “apprentice” alongside him to learn the tricks of the (drug) trade. This individual, along with the surrounding antisocial peer group, teaches Black male adolescents the survival and advancement skills for life on America’s inner city streets (Anderson, 1990, 1999).

When we uncover details about the antisocial forces in the lives of young African American males, we discuss the developmental implication of these influences. In a 1994 National Public Radio (NPR) broadcast segment entitled “Jail Seen as Rite of Passage By Many” (Hinojosa, 1994), youth talk about the importance of “becoming a man” in their street subculture. A rites-of-passage broadcast, or something similar (e.g., <http://www.ritesofpassage.org/>), when used as a stimulus for in-session discussions, can facilitate access to rich and hidden details of the youth’s world. These materials are also useful in promoting discussions between parents and adolescents about topics that trouble parents and are kept secret by teens. NPR’s Noah Adams introduces the segment:

For many young men in this country, it is not going to college or going to work, but going to jail that has become something of a rite of passage. The United States has one of the highest incarceration rates in the world. On any given day, 1 million people are behind bars, most of them men. It’s becoming a common, accepted, even welcome experience in some neighborhoods. (Hinojosa, 1994)

Further into the segment, Maria Hinojosa reports:

“Being a man, that’s what it’s all about. Everybody wants to be seen as ‘the man,’ not ‘the boy.’” As in any rite of passage, that transition from boyhood to manhood usually occurs when you’re separated from your family, separated from the environment you know. You’re given tests—physical and emotional—that you must pass. ‘What greater test,’ these young men ask, ‘what greater separation than when you’re sent off to jail?’

In introducing material such as this, we can access the adolescent’s belief system and values, and assess if he links criminal actions, jail time, and the acquisition of manhood. To counteract these street values, Burton suggests that interveners should openly and frequently reinforce these youth for positive developmental outcomes which may be culturally consistent, but counter to traditional expectations for adolescents (Burton et al., 1995; Burton, Obeidallah, & Allison, 1996; Stack & Burton, 1993). Some of these alternative, culturally sanctioned outcomes may include acting as peacemaker between rival street gangs, taking responsibility for an older grandparent, helping community members and parents with the parenting of younger African American boys, or simply accentuating the acquisition of skills to stay alive on the street while resisting involvement in antisocial peer culture (Burton et al., 1995).

### *Manhood and Bicultural Competence*

Inner-city youth have been found to have an intimate connection to their immediate environment, and much of their socialization pertains to how to survive in that context (Anderson, 1990; Burton et al., 1996). However, the generalizability of these adaptations can be limited. Frequently, minority youth experience considerable difficulty

as they venture beyond the boundaries of that world (LaFromboise et al., 1993). To intervene when adolescents feel defeated by the boundaries of their immediate environment, therapists try to help teens gain experience and develop competence in new environments. Tutoring and job training programs are examples of well-organized, prosocial, future-oriented, competence-producing contexts. Although sometimes thought of as important adjuncts to therapy, we see these activities as more core, indeed, as therapeutic in and of themselves.

Once an adolescent has found a context to learn these skills, a core clinical challenge is to assist these young men with the process of learning to *role switch*—to use the skills needed to survive in one culture only in the context of that culture and vice versa (Boyd-Franklin, 1989; LaFromboise et al., 1993; Pinderhughes, 1982). Bicultural competence training is recognized as an essential component of African American success (Demo & Hughes, 1990; Fordham & Ogbu, 1986; Phinney & Chavira, 1995). Parents can have an important role in helping their adolescents become more biculturally flexible by giving consistent and positive messages encouraging interracial contact (Demo & Hughes, 1990). In one study, African Americans from various social class levels who reported having received messages of caution and defensiveness from parents about mainstream White society were less likely to report having high levels of interracial contact or high levels of success in mainstream arenas, such as school and work (Demo & Hughes, 1990). However, African American individuals in this study who reported receiving messages encouraging interracial contact reported more positive Black identity, more interracial contact, and more comfort and success in interracial situations such as the workplace (Demo & Hughes, 1990). Studies with Hispanic youth have shown that the acquisition of bicultural competence may be promoted by programs that focus on (a) family involvement, (b) group educational components, and (c) consistent and long-term mentoring (Barron-McKeagney, Woody, & D'Souza, 2001). Helping the adolescent and his parents find natural mentors who can encourage interracial contact and teach teens the task of role switching or intercultural mediation (e.g., moving between adolescent street culture and mainstream American culture), can be influential in meeting the goal of helping the adolescent succeed in more mainstream environments such as school and work (LaFromboise et al., 1993; Schinke et al., 1988).

In the next example, a young man reveals an aspect of his self that is adaptive on the street. His father insists that he “control” that side in other environments. In response, the therapist reshapes the idea of control into the more competence-oriented concept of role switching.

*JD:* It's like my teacher says. That street side be coming up out of me sometimes. Like if she say something wrong to me and I start arguing, that's the street side.

*Dad:* Well, maybe we're here to control that street side. Ok? Because I feel like that street side will get you killed.

*Therapist:* How worried are you about that?

*Dad:* I'm very worried. 'Cause I've experienced it. I took off work and carried him back to school and it came out. It really frightened me at first. I was like OH! This is the way he acts and talks with his teachers? No, No! I was getting ready to embarrass him then, but I just talked to him. See he has a lot of problems with respecting people. I don't know if that has to do with all his anger or what, but . . .

*Therapist:* Well something gets in the way, because he was real clear about how much he respects you. But there is something about this street side. I guess that's part of why we are going into the past so we can get out of the way anything that might be causing what we see now. JD, can you say a little more about this street side?

*JD:* See my street side, that's where my attitude comes from.

*Dad:* (Mumbling) He didn't get that from me.

*JD:* (Laughing) You can say that from me being in the streets all the time and stuff, I'm learning that bad behavior from people and I got to take up for myself. And see I just took it into the school that if somebody messes with me, I've got to take care of myself and I just let that take over. If somebody says something to me, then I just let that street side kick in, and I just, you know, handle my business like they say.

*Therapist:* Do you think that you do need that as a survival thing? But maybe you do not know how to . . .

*JD:* I know what you are trying to say. Like I don't know how to control it kind of?

*Dad:* Yeah.

*Therapist:* Or you don't know how to use it only when you need it.

*JD:* See, I can control it sometimes, but like it just gets out of hand.

*Therapist:* Dad, you're shaking your head. What's that about?

*Dad:* He can't control it.

*JD:* I can control it kind of.

*Dad:* No, no he can't. He even said that if someone says something wrong to him, he goes off. And I try to explain to him that on my job people say wrong stuff all the time. Probably worse stuff than is said to him. You've got to learn how to use this (points to his head). 'Cause when the street side takes over, one day that could be it.

*Therapist:* Let's try to figure out what goes on with this street side. Like how it serves you or doesn't serve you. Like how it may work for you in some settings, but not in other settings and maybe not in the broader scheme of what you may want for yourself.

*JD:* It don't work, well see, the street side works when like something happens and I'm getting ready to get rolled on, I just grab the closest thing to me and hit them with it, but like when I'm in school it don't help 'cause it comes out and I get suspended and that makes me miss some of my schoolwork.

*Therapist:* Is that something that you would want to get some help on here? I mean working on how you use the street side?

*JD:* Yeah, and working on my attitude.

The therapist realizes that some of the adolescent's street side is adaptive for him in his day-to-day environment, so she chooses to frame his challenge not as control (which does not acknowledge that those skills might be needed as long as he is street involved)

but rather as judgment and discrimination. The therapist raises the topic of using skills only in appropriate settings where it will be useful (Schinke et al., 1988).

### *Systematic Use of the Manhood Theme: A Summary*

Effective use of the *journey from boyhood to manhood* theme depends on a therapist's ability to actively involve the teenager in the topic. We try to use this focal theme to facilitate and access the personal details of the adolescent's life, and within the context of those details, discussions about possible changes occur. One framing device, an important one, involves describing the treatment program's intent as an opportunity and means to help the adolescent prepare for the next phase of his life. The therapist then begins to access day to day information about the adolescent's street life. These discussions can be facilitated through the use of music and other materials that represent popular culture. Once the adolescent begins to tell his story, the therapist begins to exert a more positive socialization influence, informed by the knowledge of what interests the adolescent, how the adolescent views himself in relationship to his life on the street, and who the important role models are in his life (antisocial and prosocial). Core MDFT methods that address drug taking, a new phase in family relationships, the need to assess one's peer network, and other peer relationships, are all conducted alongside of and are incorporated into the culturally focused content. Cultural themes are thus a destination unto themselves, as well as a context in which core MDFT therapeutic methods are used. Finally, the therapist consistently looks for opportunities to involve prosocial adults in the adolescent's life (particularly males). These individuals can be called upon to help the adolescent learn new skills such as role switching and to offer alternative socialization experiences from those offered on the street (e.g., employment exposure).

### Conclusion: Effective Culturally Responsive Treatment

This article articulates the critical model components of an empirically based culturally syntonetic intervention with antisocial, street involved, African American adolescent males. The components of this culturally responsive treatment appear to be (a) the incorporation of accurate cultural knowledge and attention to the multiple cultural influences of the adolescent (Cherry et al., 1998), (b) the use of a multiple-systems-oriented intervention model (within which the cultural interventions and focus is embedded), (c) intervention in the known areas of risk and protective factors (Hawkins et al., 1992; Liddle et al., 1998), (d) the active involvement of the adolescent in developing treatment themes and goals (Diamond et al., 1999), (e) the systematic focus and discussion of cultural themes to enhance adolescent engagement, (f) linking adolescents with prosocial mentors and role models (Zimmerman et al., 1995), and (g) teaching adolescents new skills which help prepare them for a world outside of their street culture (LaFromboise et al., 1993). An indication of the success of MDFT in treating ethnically diverse clients is demonstrated by MDFT's effectiveness retaining clients in treatment longer than clients in outpatient and residential comparison treatments (Dakof, Rowe, Liddle, & Henderson, 2003). MDFT studies showed that 95% of clients in intensive outpatient MDFT stayed in treatment for 90 days, compared with 59% in residential. Furthermore, 88% of

clients in intensive outpatient MDFT completed treatment (180 days), compared with 24% in residential.

We believe that clinical outcomes can be enhanced by responding to the cultural, environmental, relational, and interpersonal contexts of the adolescent's life. Research has shown that culturally responsive therapeutic services enhance clinical outcomes for African Americans (Botvin, Schinke, Epstein, Diaz, & Botvin, 1995) and improve their length of stay in treatment, for African Americans, a factor associated with improved client outcomes (Orlinsky, Grawe, & Parks, 1994; Sue, 1998). Our therapy process study with African American teens found that using the cultural themes and clinical method described in this article enhances the adolescent's participation and engagement in family-based therapy (Jackson-Gilfort & Liddle, 1999). Therefore, utilization of a multisystemic approach to therapy that systematically incorporates culturally specific engagement enhancement components may improve African Americans' treatment experience as well as their outcomes. Manual-guided engagement strategies have been used to bolster the engagement rates of Hispanic substance-abusing adolescents (Santisteban et al., 1996). The present article offers parallel engagement enhancing solutions for African American teens.

Over the years, we have sought to develop an integrative, comprehensive, multiple-systems-oriented, family-based treatment for drug involved youths. The MDFT outcome studies have always included samples of ethnic minority adolescents; in fact, most of our controlled trials have included primarily ethnic minority groups, principally African American and/or Hispanic youths and their families. Our process studies have focused on central aspects of the therapeutic process, including (a) in-session parent-teenager impasses (Diamond & Liddle, 1996, 1999), (b) obstacles to change as experienced and presented by the parents of teenagers in family therapy (Schmidt, Liddle & Dakof, 1996), (c) systematic attempts to engage adolescents and parents in therapy (Diamond et al., 1999; Schmidt et al., 1996), and (d) studies on the therapeutic alliance in which we have found a connection between the quality of the multiple therapeutic alliances in MDFT and during treatment and posttreatment outcomes (Robbins et al., in press; Shelef et al., in press).

Despite all of the work in the field on engaging adolescents into treatment, a disconnect continues between this work and the day-to-day treatment offered in most facilities treating teenagers (Branigan et al., 2004). In one study, representative of drug abuse services provided to U.S. adolescents, only 23% of teenagers completed the recommended course (3 months) of outpatient therapy for drug abuse. Because most empirically supported family based therapies have engagement rates well in the 90% range, presumably, the methods being used in these U.S. clinics are not informed by available science or the evidence-based treatments. Major policy shifts must occur for effective treatments to be disseminated in real-world clinical settings (Liddle & Frank, 2006). Given the importance of the therapeutic alliance in treatment outcomes (Lambert & Hill, 1994), and in the context of the clinical practice guidelines offered in this article, and the science upon which these recommendations are offered (Jackson-Gilfort et al., 2001), we hope that the findings and methods such as those outlined in this article can be used by our colleagues responsible for transforming adolescent services along empirically supported lines.

## References

- Abram, K. M., Teplin, L. A., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, *60*, 1097–1108.
- American Psychological Association. (1993). *Violence & youth: Psychology's response: Vol. I. Summary report of the American Psychological Association Commission on Violence and Youth*. Washington, DC: Author.
- Anderson, E. (1990). *Streetwise: Race, class, and change in an urban community*. Chicago: University of Chicago Press.
- Anderson, E. (1999). *Code of the streets: Decency, violence, and the moral life of the inner-city*. New York: Norton.
- Armbruster, P., & Kazdin, A. E. (1994). Attrition in child psychotherapy. In T. H. Ollendick & R. J. Prinz (Eds.) *Advances in clinical child psychology* (Vol. 16). New York: Plenum Press.
- Barron-McKeagney, T., Woody, J. D., & D'Souza, H. J. (2001). Mentoring at-risk Latino children and their parents: Impact on social skills and problem behaviors. *Child and Adolescent Social Work Journal*, *18*, 119–136.
- Belgrave, F. Z., Cherry, V. R., Cunningham, D., Walwyn, S., Letlaka-Rennert, K., & Phillips, F. (1994). The influence of Afrocentric values, self-esteem, and Black identity on drug attitudes among African American fifth graders: A preliminary study. *Journal of Black Psychology*, *20*, 143–156.
- Botvin, G. J., Schinke, S. P., Epstein, J. A., Diaz, T., & Botvin, E. M. (1995). Effectiveness of culturally-focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: Two-year follow-up results. *Psychology of Addictive Behaviors*, *9*, 183–194.
- Boyd-Franklin, N. (1989). *Black families in therapy: A multi-systems approach*. New York: Guilford Press.
- Boykin, A. W., & Toms, F. (1985). Black child socialization: A conceptual framework. In H. McAdoo & J. McAdoo (Eds.), *Black children: Social, educational, and parental environments* (pp. 159–173). Beverly Hills, CA: Sage.
- Brannigan, R., Schackman, B. R., Falco, M., & Millman, R. B. (2004). The quality of highly regarded adolescent substance abuse treatment programs: Results of an in-depth national survey. *Archives of Pediatrics & Adolescent Medicine*, *158*, 904–909.
- Brook, J. S., Brook, D. W., Gordon, A. S., Whiteman, M., & Cohen, P. (1990). The psychosocial etiology of adolescent drug use: A family interactional approach. *Genetic, Social, and General Psychology Monographs*, *116*, 111–267.
- Brown, T. L., Flory, K., Lynam, D. R., Leukefeld, C., & Clayton, R. R. (2004). Comparing the developmental trajectories of marijuana use of African American and Caucasian adolescents: Patterns, antecedents, and consequences. *Experimental and Clinical Psychopharmacology*, *12*, 47–56.
- Burton, L. M., Allison, K. W., & Obeidallah, D. (1995). Social context and adolescence: Perspectives on development among inner-city African American teens. In L. J. Cockett & A. C. Crouter (Eds.), *Pathways through adolescence* (pp. 119–138). Mahwah, NJ: Erlbaum.
- Burton, L. M., Obeidallah, D., & Allison, K. W. (1996). Ethnographic insights on social context and adolescent development among inner-city African American teens. In R. Jessor, A. Colby & R. A. Shweder (Eds.), *Ethnography and human development: Context and meaning in social inquiry* (pp. 395–418). Chicago: University of Chicago Press.
- Cairns, R. B., Cairns, B. D., Neckerman, H. J., Gest, S. D., & Gairepy, J. L. (1988). Social networks and aggressive behavior: Peer support or peer rejection? *Developmental Psychology*, *24*, 815–823.
- Caldwell, C. H., Wright, J. C., Zimmerman, M. A., Walsemann, K. M., Williams, D., & Isichei, P. A. C. (2004). Enhancing adolescent health behaviors through strengthening non-resident father–son relationships: A model for intervention with African-American families. *Health Education Research*, *19*, 644–656.
- Center for Substance Abuse Treatment. (1998). *Treatment Improvement Protocol Series (TIPS)*. Retrieved February 11, 2005, from <http://store.health.org/catalog/productDetails.aspx?ProductID=153711>
- Cherry, V. R., Belgrave, F. Z., Jones, W., Kennon, D. K., Gray, F. S., & Phillips, F. (1998). NTU: An Afrocentric approach to substance abuse prevention among African American youth. *Journal of Primary Prevention*, *18*, 319–339.
- Communities That Care. (2004). *Prevention strategies guide*. Retrieved February 11, 2005, from <http://www.channing-bete.com/positiveyouth/pp/CTC/CTC.html>
- Dakof, G. A., Rowe, C. L., Liddle, H. A., & Henderson, C. (2003, March). *Engaging and retaining drug abusing youth in home-based Multidimensional Family Therapy*. Poster presented at the NIMH/NIDA/NIAAA Conference, “Beyond the Clinic Walls: Expanding Mental Health, Drug and Alcohol Services Research Outside the Specialty Care System.” Washington, DC.
- Demo, D. H., & Hughes, M. (1990). Socialization and racial identity among Black Americans. *Social Psychology Quarterly*, *53*, 364–374.
- Diamond, G. M., Liddle, H. A., Hogue, A., & Dakof, G. A. (1999). Alliance-building interventions with adolescents in family therapy: A process study. *Psychotherapy: Theory, Research, Practice, & Training*, *36*, 355–368.
- Diamond, G. S., & Liddle, H. A. (1996). Resolving a therapeutic impasse between parents and adolescents in multidimensional family therapy. *Journal of Consulting and Clinical Psychology*, *64*, 481–488.
- Diamond, G. S., & Liddle, H. A. (1999). Transforming negative parent-adolescent interactions: From impasse to dialogue. *Family Process*, *38*, 5–26.
- Dodge, K. A., Price, J. M., Bachorowski, J., & Newman, J. P. (1990). Hostile attributional biases in severely aggressive adolescents. *Journal of Abnormal Psychology*, *99*, 385–392.
- DrugScope/Drug and Alcohol Findings. (2002, Spring). *Linking practice to research/research to practice: What works, what doesn't, what could be done better*, *7*, 13.
- Drug Strategies. (2003). *Treating Teens: A Guide to Adolescent Drug Problems*. Washington, DC.
- Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). Economic deprivation and early childhood development. *Child Development*, *65*, 296–318.
- Falicov, C. (1983). (Ed.). *Cultural perspectives in family therapy*. Rockville, MD: Aspen Corporation.
- Falicov, C. (1988). Learning to think culturally. In H. A. Liddle, D. Breunlin, & R. Schwartz (Eds.), *Handbook of family therapy training and supervision* (pp. 335–357). New York: Guilford Press.
- Fisher, M., Juszcak, L., & Friedman, S. B. (1996). Sports participation in an urban high-school: Academic and psychologic correlates. *Journal of Adolescent Health*, *18*, 329–334.
- Fordham, S., & Ogbu, J. U. (1986). Black students' school success: Coping with the “burden of ‘acting White.’” *The Urban Review*, *18*, 176–206.
- Gibbons, F. X., Gerrard, M., Cleveland, M. J., Wills, T. A., & Brody, G. (2004). Perceived discrimination and substance use in African American parents and their children: A panel study. *Journal of Personality and Social Psychology*, *86*, 517–529.
- Gil, A. G., Wagner, E. F., & Tubman, J. G. (2004). Culturally sensitive substance abuse intervention for Hispanic and African American adolescents: Empirical examples from the alcohol treatment targeting adolescents in need (ATTAIN) project. *Addiction*, *99*, 140–150.
- Hansen, C. H. (1995). Predicting cognitive and behavioral effects of gansta rap. *Basic and Applied Social Psychology*, *16*, 43–52.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early

- adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112, 64–105.
- Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L. A., Hall, J. A., Cone, L., & Fucci, B. R. (1991). Effects of multisystemic therapy on drug use and abuse in serious juvenile offenders: A progress report from two outcome studies. *Family Dynamics Addiction Quarterly*, 1, 40–51.
- Hill, P. (1992). *Coming of age: African American male rites of passage*. Chicago: African American Images.
- Hill, P. (1998). Africentric rites of passage: Nurturing the next generation. *Reaching Today's Youth: The Community Circle of Caring Journal*, 3, 9–13.
- Hinojosa, M. (Speaker). (1994). *Jail seen as a rite of passage by many*. (Cassette recording, Radio Segment 6). All Things Considered: National Public Radio.
- Jackson-Gilfort, A., & Liddle, H. A. (1999). Culturally specific interventions for African American adolescents. *The Family Psychologist*, 15, 6.
- Jackson-Gilfort, A., Liddle, H. A., Tejada, M. J., & Dakof, G. A. (2001). Facilitating engagement of African American male adolescents in family therapy: A cultural theme process study. *Journal of Black Psychology*, 27, 321–340.
- Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. San Diego, CA: Academy Press.
- Johnson, J., Jackson, L. A., & Gatto, L. (1995). Violent attitudes and deferred academic aspirations: Deleterious effects of exposure to rap music. *Basic and Applied Social Psychology*, 16, 27–41.
- Johnson, K., Strader, T., Berbaum, M., Bryant, D., Bucholtz, G., Collins, D., & Noe, T. (1996). Reducing alcohol and other drug use by strengthening community, family, and youth resiliency: An evaluation of the Creating Lasting Connections Program. *Journal of Adolescent Research*, 11, 36–67.
- Kandel, D. B. (1982). Epidemiological and psychosocial perspectives on adolescent drug use. *Journal of American Academic Clinical Psychiatry*, 21, 328–347.
- Kandel, D. B., & Davies, M. (1996). High school students who use crack and other drugs. *Archives of General Psychiatry*, 53, 71–80.
- Kazdin, A. E. (1982). *Single-case research designs: Methods for clinical and applied settings*. New York: Oxford University Press.
- Kazdin, A. E., Stolar, M. J., & Marciano, P. L. (1995). Risk factors for dropping out of treatment among White and Black families. *Journal of Family Psychology*, 9, 402–417.
- LaFromboise, T., Coleman, H., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin*, 114, 395–412.
- LaFromboise, T. D., & Bigfoot, D. (1988). Cultural and cognitive considerations in the prevention of American Indian adolescent suicide. *Journal of Adolescence*, 11, 139–153.
- Lambert, M. J., & Hill, C. E. (1994). Assessing psychotherapy outcomes and processes. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 72–113). New York: Wiley.
- Li, X., Stanton, B., Galbraith, J., Burns, J., Cottrell, L., & Pack, R. (2002). Parental monitoring intervention: Practice makes perfect. *Journal of National Medical Association*, 94, 364–370.
- Liddle, H. A. (2002). *Multidimensional Family Therapy for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Vol. 5*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- Liddle, H. A. (2004). Family-based therapies for adolescent alcohol and drug use: Research contributions and future research needs. *Addiction*, 99, 76–92.
- Liddle, H. A., & Dakof, G. A. (1995). Family-based treatment for adolescent drug use: State of the science. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions* (NIDA Research Monograph 156, pp. 218–254). Rockville, MD: National Institute on Drug Abuse.
- Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K., & Tejada, M. (2001). Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse*, 27, 651–688.
- Liddle, H. A., & Frank, A. (2006). The road ahead: Achievements and challenges for adolescent substance abuse treatment research. In H. Liddle & C. Rowe (Eds.), *Treating adolescent substance abuse: State of the science* (pp. 473–500). London: Cambridge University.
- Liddle, H. A., & Hogue, A. (2000). A family-based, developmental-ecological preventive intervention for high-risk adolescents. *Journal of Marital and Family Therapy*, 26, 265–279.
- Liddle, H. A., Rowe, C., Diamond, G. M., Sessa, F. M., Schmidt, S., & Ettinger, D. (2000). Towards a developmental family therapy: The clinical utility of research on adolescence. *Journal of Marital and Family Therapy*, 26, 485–499.
- Liddle, H. A., Rowe, C. L., Dakof, G. A., & Lyke, J. (1998). Translating parenting research into clinical interventions for families of adolescents. *Clinical Child Psychology and Psychiatry*, 3, 419–443.
- Luster, T., & McAdoo, H. P. (1994). Factors related to achievement and adjustment of young African American children. *Child Development*, 65, 1080–1094.
- Lyon, M. E., & Woodward, K. (2003). Nonstigmatizing ways to engage HIV-positive African-American teens in mental health and support services: A commentary. *Journal of the National Medical Association*, 95, 196–200.
- Majors, R., & Billson, J. M. (1992). *Cool pose: The dilemmas of Black manhood in America*. New York: Lexington Books.
- Malgady, R. G., Rogler, L. H., & Costantino, G. (1990). Culturally sensitive psychotherapy for Puerto Rican children and adolescents: A program of treatment outcome research. *Journal of Consulting and Clinical Psychology*, 58, 704–712.
- McGoldrick, M., Pearce, J. K., & Giordano, J. (Eds.) (1996). *Ethnicity and family therapy* (2nd ed.). New York: Guilford Press.
- Miller, G. E., & Prinz, R. J. (1990). Enhancement of social learning family interventions for childhood conduct disorder. *Psychological Bulletin*, 108, 291–307.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Montalvo, B., & Gutierrez, M. (1983). A perspective for the use of the cultural dimension in family therapy. In J. C. Hansen (Ed.) *Cultural perspectives in family therapy*. US: Aspen Corporation.
- Moore, S. E., Madison-Colmore, O., & Moore, J. L. (2003). An Afrocentric approach to substance abuse treatment with adolescent African American males: Two case examples. *The Western Journal of Black Studies*, 27, 219–230.
- National Institute on Drug Abuse (1999). Effective drug abuse treatment approach. Retrieved February 11, 2005, from <http://www.nida.nih.gov/BTDP/Effective/Liddle.html>
- Oetzel, K. B., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 40, 215–225.
- Office of Juvenile Justice and Delinquency Prevention. (1999). *Strengthening America's families: Effective family programs for prevention of delinquency*. Retrieved February 11, 2005, from [http://www.strengtheningfamilies.org/html/programs\\_1999/10\\_MDFT.html](http://www.strengtheningfamilies.org/html/programs_1999/10_MDFT.html)
- Orlinsky, D., Grawe, K., & Parks, B. (1994). Process and outcome in psychotherapy. In A. Bergin & Garfield S (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 270–378). New York: Wiley.
- Oyserman, D., Terry, K., & Bybee, D. (2002). A possible selves interven-

- tion to enhance school involvement. *Journal of Adolescence*, 25, 313–326.
- Phinney, J. S., & Chavira, V. (1995). Parental ethnic socialization and adolescent coping with problems related to ethnicity. *Journal of Research on Adolescence*, 5, 31–53.
- Phinney, J. S., & Devich-Navarro, M. (1997). Variations in bicultural identification among African American and Mexican American adolescents. *Journal of Research on Adolescence*, 7, 3–32.
- Pinderhughes, E. (1982). Afro-American families and the victim system. In M. McGoldrick, J. K. Pearce & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 108–122). New York: Guilford Press.
- Pressley, A. (1992). Rap music by Black male artists: A psychotheological interpretation. *The Western Journal of Black Studies*, 16, 92–97.
- Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., et al. (1998). Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. *Journal of the American Medical Association*, 278, 823–832.
- Rigter, H., Van Gageldonk, A., & Ketelaars, T. (2005). *Treatment and other interventions targeting drug use and addiction: State of the art 2004*. Utrecht, the Netherlands: National Drug Monitor.
- Robbins, M., Liddle, H. A., Turner, C., Dakof, G., & Alexander, J., Kogan, S. (in press). Adolescent and parent therapeutic alliances as predictors of dropout in Multidimensional Family Therapy. *Journal of Family Psychology*.
- Rowe, D., & Grills, C. (1993). African-centered drug treatment: An alternative conceptual paradigm for drug counseling with African American clients. *Journal of Psychoactive Drugs*, 25, 21–33.
- Santisteban, D. A., Szapocznik, J., Perez-Vidal, A., Kurtines, W. M., Murray, E., & LaPierre, A. (1996). Efficacy of intervention for engaging youth and families into treatment and some variables that may contribute to differential effectiveness. *Journal of Family Psychology*, 10, 35–44.
- Schinke, S. P., Orlandi, M. A., Botvin, G. J., Gilchrist, L. D., Trimble, J. E., & Locklear, V. S. (1988). Preventing substance abuse among American Indian adolescents: A bicultural competence skills approach. *Journal of Counseling Psychology*, 13, 281–287.
- Schmidt, S. E., Liddle, H. A., & Dakof, G. A. (1996). Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology*, 10, 12–27.
- Shelef, K., Diamond, G. M., Diamond, G. S., & Liddle, H. A. (in press). Adolescent and parent alliance and treatment outcome in Multidimensional Family Therapy. *Journal of Consulting and Clinical Psychology*.
- Shillington, A. M., & Clapp, J. D. (2003). Adolescents in public substance abuse treatment programs: The impacts of sex and race on referrals and outcomes. *Journal of Child & Adolescent Substance Abuse*, 12, 69–91.
- Sluzki, C. (1979). Migration and family conflict. *Family Process*, 18, 379–390.
- Stack, C. B., & Burton, L. M. (1993). Kinscripts. *Journal of Comparative Family Studies*, 24, 157–170.
- Stanton, M. D., & Shadish, W. R. (1997). Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. *Psychological Bulletin*, 122, 170–191.
- Steinberg, L. (1990). Autonomy, conflict, and harmony in the family relationship. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 255–276). Cambridge, MA: Harvard University Press.
- Stevenson, H. C., Reed, J., Bodison, P., & Bishop, A. (1997). Racism stress management: Racial socialization beliefs and the experience of depression and anger in African American youth. *Youth & Society*, 29, 197–222.
- Stevenson, H. C. Jr., Cameron, R., Herrero-Taylor, T., & Davis, G. Y. (2002). Development of the teenager experience of racial socialization scale: Correlates of race-related socialization frequency from the perspective of black youth. *Journal of Black Psychology*, 28, 84–106.
- Substance Abuse and Mental Health Services Administration. (2004). *Multidimensional Family Therapy certified as a model program*. Retrieved December 10, 2004, from <http://www.modelprograms.samhsa.gov/>
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 53, 440–448.
- Szapocznik, J., Kurtines, W., Santisteban, D. A., Pantin, H., Scopetta, M., Mancilla, Y., et al. (1997). The evolution of structural ecosystemic theory for working with Latino families. In J. G. Garcia & M. C. Zea (Eds.), *Psychological interventions and research with Latino populations* (pp. 166–190). Boston: Allyn & Bacon.
- Taylor, R. L. (1991). Poverty and adolescent Black males: The subculture of disengagement. In P. Edelman & J. Ladner (Eds.), *Adolescence and poverty: Challenge for the 1990s*. Washington, DC: Center for National Policy.
- Thomas, G., Farrell, M. P., & Barnes, G. M. (1996). The effects of single-mother families and nonresident fathers on delinquency and substance abuse in Black and White adolescents. *Journal of Marriage and the Family*, 58, 885–894.
- United States Department of Health and Human Services. (2002). *Best practices initiative for adolescent drug abuse*. Retrieved December 10, 2004, from [http://phs.os.dhhs.gov/ophs/BestPractice/mdft\\_miami.htm](http://phs.os.dhhs.gov/ophs/BestPractice/mdft_miami.htm)
- Watts, R., Abdul-Adil, J., & Pratt, T. (2002). Enhancing critical consciousness in young, African-American men: A psychoeducational approach. *Journal of Prevention and Intervention in the Community*, 16, 63–86.
- Watts, R., & Jagers, R. (1998). *Manhood development in urban, African-American communities*. Binghamton, NY: Haworth Press.
- Weber, L. R., Miracle, A., & Skehan, T. (1995). Family bonding and delinquency: Racial and ethnic influences among U. S. youth. *Human Organization*, 54, 363–372.
- Zimmerman, M. A., Salem, D. A., & Maton, K. I. (1995). Family structure and psychosocial correlates among urban African American adolescent males. *Child Development*, 66, 1598–1613.

Received August 1, 2004

Revision received February 14, 2005

Accepted February 14, 2005 ■