Facilitating Engagement of African American Male Adolescents in Family Therapy: A Cultural Theme Process Study

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This study suggests that systematic discussion of culturally salient content in therapy sessions can positively influence engagement (i.e., therapy participation and therapeutic alliance) with clinically referred African American adolescent males. In a sample of 18 African American adolescent males participating in 187 videotaped psychotherapy sessions, the in-session discussion of research derived, developmentally and culturally related content themes (anger/rage, alienation, respect, and journey from boyhood to manhood) were found to be positively associated with therapist-adolescent alliance and adolescent engagement. Discussions that focused on issues of trust and mistrust were found to negatively predict ratings of therapist-adolescent relationship, and discussions of racial identity/racial socialization were found to have no association with adolescent engagement. These findings provide clues about (a) how culturally responsive treatments can be developed, and (b) in this era of manualized therapies, the possibility of enhancing therapeutic outcomes by tailoring treatment protocols at specific levels of content focus and detail.

Psychosocial treatments do not work equally well with all clinical problems or client groups. A major review found that among several ethnic minority groups, treatment outcomes were worse with African American clients

than with other ethnic groups (Sue, Fujino, Hu, Takeuchi, & Zane 1991). Therapists find drug abuse to be among the difficult clinical problems to treat effectively. Clients with drug problems drop out of therapy prematurely, and African American male adolescent drug users are arguably among the most difficult to engage of all psychotherapy clients (Kazdin, Siegel, & Bass, 1990; Miller & Prinz, 1990; Prinz & Miller, 1994; Stanton & Todd, 1981). Given these background factors, treatment providers face enormous challenges in developing culturally responsive and effective engagement interventions. Whether this challenge arises from the fit between treatment and culture, or simply from client characteristics irrespective of culture, or from some combination of culture and demography is yet to be determined. Nevertheless, clinicians are still confronted with the problem of how to engage their young African American clients into treatment. The efficacy of family-based treatments for adolescent problems (for review, see Ozechowski & Liddle, 2000; Stanton & Shadish, 1997) coupled with the capacity of specifying culturally responsive treatments in manual form (e.g., Boyd-Franklin & Bry, 2000; Koss-Chioino & Vargas, 1999) suggest that family-based treatments designed specifically for African American men might increase engagement and participation in therapy.

Many innovative culturally appropriate and Afrocentric services and programs have been described (e.g., Banks, Hogue, Timberlake, & Liddle, 1996; Brookins, 1996; Center for Substance Abuse Treatment, 1999; Schiele, 1996; Stevenson, 1998). These programs, using the growing basic research knowledge concerning the unique features of African American development (Watts, 1993), have revealed certain alternative outcomes and pathways of development for African American teens. For example, Burton, Obeidallah, and Allison (1996) have spoken of the accelerated development of inner-city African American teens and their capacity to revise the American Dream according to opportunities that may be present or absent in their lives. Stevenson, Reed, Bodison, and Bishop (1997) found an empirical link between racial social practices and developmental outcomes in African American men. Young men who hold an adaptive or proactive racial sociali-

zation identity show better prosocial adjustment outcomes. Although programs that use Afrocentric values in their design and interventions have demonstrated success in protecting teenagers against drug involvement and deviance (Belgrave et al., 1994; Cherry, Belgrave, Jones, Kennon, & Gray, 1998; Elligan & Utsey, 1999), there has been little focus on whether or not the interactions between a clinician and client within the therapy session influence engagement, participation, retention, and outcome in treatment among African American youth. This is unfortunate given the empirically established importance of the cultural competence of mental health providers (Sue et al., 1991) and the promising results found in the forementioned culturally specific interventions.

The current study attempts to address the problem of low levels of therapy engagement and participation among African American youth by examining whether and how therapist behavior and content focus within the therapy session influences adolescent engagement into the treatment process. This study was informed by culturally responsive treatment models (e.g., Malgady, Rogler, & Costantino, 1990; Paster, 1985), knowledge of risk and protective factors of substance abuse and conduct disorder (Belgrave et al., 1994; Hawkins, Catalano, & Miller, 1992; Kandel, Kessler, & Margulies, 1978; Newcomb & Bentler, 1989; Newcomb & Felix-Ortiz, 1992; Palmer & Liddle, 1995), and most important, by scholarly works advocating the use of African American culture in the design of behavioral treatments for African American adolescents (Boyd-Franklin, 1989; Brookins, 1996; Franklin, 1989; Paster, 1985; Rowe & Grills, 1993; Vontress, 1995). Whereas there are no empirical studies linking discussion of particular therapy content to adolescent engagement behaviors in therapy sessions, a review of empirical, theoretical, historical, and media sources relating to African American youth and families yielded themes thought to be salient to the culture of Black male substance-abusing adolescents targeted in this study. This study was part of our ongoing treatment development efforts in the adolescent substance abuse specialty. In existence for almost two decades, this work has included the specification, testing, and adaptation of a therapy approach, Multidimensional Family Therapy (MDFT) (Liddle, 2000), for the drug and behavior problems of adolescents (Liddle & Hogue, in press). A major focus of our clinical research program has been to study and adapt developmental knowledge to clinical model building and therapy manualization (Liddle, Rowe, et al., 2000; Liddle, Rowe, Dakof, & Lyke, 1998). We have adapted the approach to different cultural groups, including African American teens and families (Jackson-Gilfort & Liddle, 2000). The present study tests an aspect of this adaptation. We wanted to test whether we could identify and then use, in a systematic way, culturally specific content themes to facilitate

family-based treatment of African American teenagers. We selected six themes to use in therapy: (a) mistrust, (b) anger/rage, (c) alienation, (d) disrespect, (e) the journey into manhood, and (f) racial socialization. A description of how these cultural themes were used is found in the companion article to the present study (Jackson-Gilfort & Liddle, 2000). Not only do these themes appear salient in scholarly literature and media sources, but also there is evidence to suggest that intervening in these areas can affect positive adolescent development (e.g., Jessor & Jessor, 1977; Rutter, 1980; Thomas, Farrell, & Barnes, 1996).

Each cultural theme will be briefly discussed below. We include an explanation of the link between the theme and adolescent substance abuse and other deviant behaviors (see Jackson-Gilfort & Liddle, 2000, for a more clinically focused discussion of cultural themes).

Trust/mistrust. Cultural mistrust is defined as the tendency to hold a generalized mistrust for people and systems that represent mainstream White America (Terrell & Terrell, 1984). This phenomenon has been linked to delinquency behaviors (Biafora et al., 1993) and poor therapy engagement in African American populations (Poston, Craine, & Atkinson, 1991). For example, Biafora et al. (1993) found that cultural mistrust was a stronger predictor of major (e.g., breaking and entering) and minor (starting fights) delinquency than peer influences, family cohesion, or the existence of family problems among African American men. Similarly, other studies indicate that with White (Watkins & Terrell, 1988) and African American (Thompson, Worthington, & Atkinson, 1994) therapists, highly mistrustful African American clients report lower expectations for their counselors, regard their counselors as less credible and less able to help them, are less likely to remain in therapy, and disclose significantly less than their more trusting counterparts. Overall, it appears that, as a process, cultural mistrust has a devastating effect on prosocial adolescent development and, as a topic, it offers a focal area that is potentially therapeutic (Biafora et al., 1993; Thompson et al., 1994; Watkins & Terrell, 1988).

Anger/rage. Stable, long-term negative mood, anger, and aggression in childhood and adolescence are closely linked to adolescent substance abuse (Brook, Brook, Gordon, Whiteman, & Cohen, 1990; Hawkins et al., 1992; Kandel, 1982; Loeber, 1988; McCord, 1981). Evidence suggests that without intervention, children who consistently show angry and aggressive behavior patterns are likely to display more frequent delinquent acts and aggression as adolescents and adults (Farrington, 1995; Huesmann, Eron, Lefkowitz, & Walder, 1984; Lefkowitz, Eron, Walder, & Huesmann, 1977; Olweus, 1984;

Patterson & Dishion, 1985; Roff & Wirt, 1984). This evidence concerning anger and aggression in youth suggests that families and communities must intervene in the lives of angry, Black male adolescents, so that deleterious developmental outcomes can be avoided.

Alienation. When teenagers lose their connection to and involvement within traditional sources of support (e.g., family, school, community), they are most at-risk for delinquency and substance abuse (Jessor & Jessor, 1977; Kandel, 1982; Kandel & Davies, 1996; Kandel et al., 1978). By losing these protective attachments, delinquent, and substance-abusing adolescents become alienated from the very systems that could protect and support them. Attachment to school and academic achievement has a positive protective influence against many destructive psychosocial and behavioral outcomes (Gonzalez, Cauce, Friedman, & Mason, 1996; Hawkins et al., 1992; Hudley, 1997; Taylor, Casten, Flickinger, Robert, & Fulmore, 1994). Conversely, a low degree of school commitment and alienation from positive academic influences predict adolescent substance abuse and delinquency (Gottfredson, 1988; Hawkins et al., 1992). Similarly, attachment to family and community have long been recognized as buffers against internal and external stresses for children (Bowlby, 1973), and low-bonding or alienation from these systems has been implicated in drug use initiation and in juvenile crime (Brook, Lukoff, & Whiteman, 1980; Kandel et al., 1978).

Respect/disrespect. Pride and respect are central developmental themes for many African American male adolescents (Johnson, 1996; Majors & Billson, 1992; Majors & Gordon, 1994). No studies have been conducted that document the motivational power of the Black adolescent's quest or search for respect. However, many practitioners who work with these young men suggest that they frequently rationalize their delinquent acts (e.g., assault) as justifiable responses to situations in which they felt disrespected (Carmichael, 1990; Majors & Gordon, 1994). In an exploratory study of attitudes about crime, Carmichael (1990) found that the male, African American delinquents in his study indicated high levels of respect (60 to 80%) for other delinquents who were assailants, drug dealers, or murderers. These youth regarded their delinquent counterparts with respect because their acts (assault, murder) were in response to signs of personal disrespect.

The journey from boyhood to manhood. Issues related to the overall development into manhood also appear to be important for young Black male adolescents (Majors & Billson, 1992). In the past, the parental task of preparing African American boys for manhood was buttressed by community

caregivers known as "old heads" (Anderson, 1990) and the family and spiritually minded social organizations that these mature, caring disciplinarians created. Today, however, ethnographic research shows that the new old head is much younger than in years past and is frequently the product of a street gang. His values emphasize making money quickly and scorning not only the law but also traditional values in general (Anderson, 1990; Burton, Allison, & Obeidallah, 1995). When adolescents rebel against traditional values, they are more likely to affiliate with deviant peers and engage in substance abuse and other delinquent behaviors (Hawkins et al., 1992; Jessor & Jessor, 1977; Kandel, 1982). Interventions must help these youth to find personally and culturally acceptable ways to transition into adulthood (Burton et al., 1995).

Racial identity/racial socialization. Racial socialization is the task of reinforcing positive racial self-esteem. It teaches African American youth what it means to be African American within their culture and within mainstream culture. Research linking racism, racial socialization, anger, and depression (Stevenson et al., 1997) shows that if parents and other significant adults socialize African American youth around issues of societal hostility and Black cultural strengths, this results in more positive psychological outcomes for the adolescent. Similar studies indicate that when African American youth embrace more traditional Afrocentric values and high levels of racial identity, they report less favorable attitudes toward drugs (Belgrave et al., 1994; Johnson et al., 1996; Stevenson et al., 1997).

One way of facilitating racial socialization is through training in bicultural competence. Bicultural competence training teaches youth the skills that they need to excel in their own culture or neighborhood and the specialized skills required to survive in mainstream America. Studies with African American youth and other ethnic groups (Native American, Hispanic) indicate that racial socialization in the form of bicultural competence training can reduce unwanted behaviors such as substance use and behaviors that characterize conduct disorder (Schinke et al., 1988; Stevenson et al., 1997).

Cultural mistrust, anger, alienation, the quest for respect, issues related to limited opportunities for prosocial transition into Black manhood, and issues related to positive racial socialization appear to be themes closely associated with the substance abuse and behavioral problems of clinically referred, African American youth (Belgrave et al., 1994; Burton et al., 1995; Burton et al., 1996; Dodge, Price, Bachotoedki, & Newman, 1990; Hawkins et al., 1992; Taylor et al., 1994). The question remains, however, whether the in-session discussion of these themes helps therapists increase positive engagement

behaviors among Black adolescent male clients. The current study explored the relationship between in-session discussion of these content themes and engagement behaviors of adolescents. We hypothesized that study youth will show higher levels of therapy participation when cultural themes are discussed in therapy sessions. We expect that youth participation and involvement in therapy will be enhanced when therapists actively attend to and facilitate discussion of the embedded cultural influences of clinically referred, drug-involved, African American male adolescents in family therapy.

METHOD

PARTICIPANTS

Study participants were adolescents between the ages of 12 and 17 years living in Philadelphia, PA. They were selected from a group of 224 youth who were part of a larger study comparing the efficacy of family and individual therapy (Liddle, Dakof, Turner, & Tejeda, 2000). To be included in the present study, the adolescent had to meet the following eligibility criteria: (a) randomized to receive MDFT, (b) African American, (c) diagnosed with substance abuse and conduct disorder based on The Diagnostic Interview for Children (DISC-2) (Piacentini et al., 1993), (d) participated in therapy sessions that were videotaped, and (e) received treatment from an African American therapist.

The youth who participated in this study received MDFT (Liddle, 2000). In MDFT, engagement is a process that occurs throughout the course of treatment rather than as a simple event that begins and ends in the first stage of therapy. For this reason, all videotaped sessions between Session 1 and termination (up to 25 sessions) were selected for coding. The primary goal of this study was to explore the adolescent's therapy participation behaviors. Therefore, of the possible 25 family therapy sessions, only those sessions in which the adolescent was present were rated. This selection strategy resulted in the sample size of 18 adolescents with 87 videotaped sessions.

The mean age of the final sample of participants was 15.1 years ($SD =$ 1.02), with 50% having been arrested in the 12 months prior to treatment. Of the participants, 33% were court-ordered to seek treatment; 52% were from single-parent homes, and 33% of the families were receiving public assistance.

MEASURES

Cultural themes. The Cultural Theme Rating Scale (CTRS) (Jackson, 1996a) was developed to identify the presence of each theme in a therapy session and to rate the extent to which they were discussed in that session. The scoring unit (Alexander, Newell, Robbins, & Turner, 1995; Kiesler, 1973), defined as the verbal unit that receives the code, was the full discussion of any of the cultural themes that were raised during the therapy session (see raters manual, Jackson, 1996b). Once a theme was identified, the raters then used the CTRS to globally rate how extensively the theme was discussed within the session. To make these ratings, raters used an 8-point Likert scale ranging from 0 to 7 (0 = *not at all*, 1 = *brought up by the client or the therapist but ignored by one or both of them*, 3 = *brought up but not explored fully*, 5 = *explored themes fully but independent of client's goals or other aspects of the client's life,* 7 = *fully discussed the theme in the context of client goals and/or other aspects of his life*).

Engagement. Engagement was defined as (a) the extent to which the client participated in the therapy session (adolescent therapy participation), (b) the extent to which the client examined his feelings and experiences in session (adolescent therapy exploration), and (c) the level of client hostility in session (adolescent negativity in therapy). These variables were all measured using three subscales of the Vanderbilt Psychotherapy Processing Scale (VPPS) (O'Malley, Suh, & Strupp, 1983): the Patient Participation subscale (8 items, coefficient alpha = .95), the Patient Exploration subscale (7 items, coefficient alpha = .91), and the Patient Hostility subscale (6 items, coefficient alpha = .84). Combined, these variables form the construct Overall Adolescent Engagement (21 items, coefficient alpha = .84). One final item from the VPPS was used to rate the relationship or collaboration between the adolescent and his therapist (1 item, therapist-adolescent relationship). This one item was created by O'Malley et al. (1983) to tap into the bond and collaborative relationship between the therapist and client, and does not load on any of the VPPS factored subscales. This construct was included in this study as a global rating of the therapist-adolescent relationship.

Training of raters. To control for contamination effects (Hill, 1991), two separate rating groups of two master's-level (family therapy) and two doctoral-level (counseling psychology) clinicians were formed (one group rated cultural themes, and the other group rated adolescent engagement behaviors). Raters in each group were deemed reliable when they reached an interrater reliability of .80 using the *2,k* intraclass correlation coefficient

(Fleiss & Shrout, 1978). In addition, all raters participated in weekly raters meetings in which ongoing checks of interrater reliability were conducted to guard against rater drift, the tendency for raters to make less vigilant or careful ratings over time (cf. Hill, O'Grady, & Price, 1988).

The raters in the cultural themes rating group were trained first to identify specific target content (e.g., adolescent-therapist discussion of a racial identity topic such as what it means to be African American) and then to rate the entire episode when that content was being discussed. An episode was defined using guidelines identified by Greenberg (1986). Examples similar to those that follow were used to help raters identify each theme when it was discussed in session.

Trust/mistrust. This theme refers to discussion of any form of interpersonal trust or mistrust. It could be discussed in the context of a parental or sibling relationship, in reference to the therapist-adolescent relationship, in reference to other relationships such as friends and acquaintances, or in the context of social systems such as school, work, or society at large.

Anger/rage. This theme refers to discussions of the adolescent's emotions of this type. The client may be expressing anger in the session; however, raters would not code this unless there was actual discussion about his expressed emotion. Discussions about past delinquency or violence would also not be coded unless there are specific references to the client having been angry or in a rage when these acts were committed.

Alienation. This theme refers to any discussion of the adolescent's feelings of estrangement and disconnection. It was not required that the word *alienation* ever be used in conversation. General discussions of the client not feeling like he fits in at home, at school, or in the community would fall into this category. Also, client discourse about not feeling wanted or needed by family or friends would qualify as a discussion of alienation. Adolescents who talk about not having friends or only having associates, or those who report that decisions are always made for them by outsiders would also be coded as discussing alienation. Discussions of an adolescent wanting to drop out of school or leave home would not be considered discussions of alienation unless the adolescent expresses some feelings about not fitting in these environments or having burned his bridges in these environments.

Respect/disrespect. This theme refers to discussions specifically on the topic of respect or disrespect. It could manifest in conversations about the client not respecting himself, a parent could express concern that the client does

not respect the household, or a client could discuss others not respecting or 'dissing' (disrespecting) him.

Journey from boyhood to manhood. This theme captures rites of passage phenomena. It refers to discussions of topics such as the following: What is involved in becoming an African American man or an adult? What kind of skills does the teenager need to survive in his neighborhood? Who taught him or can teach him these skills? Discussions of the dangers or attractiveness of street life also compose this category as well as mentoring experiences the youth has had or would like to have.

Racial identity/racial socialization. This theme refers to discussions in which the adolescent defines things as being "authentically Black." This may include topics such as speech pattern, school success/failure, type of dress, music, or belief system. Other areas that may be coded in this category are parents' discussions with their adolescent about how his delinquent behavior reflects on the Black race as a whole or how his behavior embarrasses the parent in front of the mainstream culture representatives such as school or juvenile justice personnel. Discussions of how different types of behavior are required in one setting versus another setting (school vs. street) also fall into this category.

To ensure that the full context of the adolescent's engagement behavior was captured in their judgments, engagement behavior raters were trained to use the entire session (O'Malley et al., 1983) as the scoring unit as long as the adolescent was present. Although the content of the session was of lesser importance for this particular rating team, to help raters focus on the context of the session when making behavioral ratings (Greenberg, 1986; Heatherington, 1989), they were trained to view content and speech acts as existing within connected therapy episodes. In this way, raters were asked to judge the overall mood of the entire session in relation to the adolescent's participation, exploration, negativity, and relationship with the therapist.

RESULTS

CORRELATION AMONG THEMES

Cronbach's alpha for the overall CTRS scale was .23. Two sets of the cultural themes were correlated with one another: journey from boyhood to manhood and anger/rage ($R^2 = .42$, $p = .09$) and respect/disrespect and racial

TABLE 1
Means and Standard Deviations of
Highest Rated Discussions of Each Cultural Theme

Cultural Theme	M	SD
1. Trust/mistrust	3.33	2.33
2. Anger/rage	3.88	1.90
3. Alienation	3.57	1.55
4. Respect/disrespect	3.31	1.89
5. Journey from boyhood to manhood	4.89	1.60
6. Racial socialization	2.13	.83

NOTE: Range of all variables was 0 to 7.

identity/racial socialization ($R^2 = .48$, $p = .04$). None of the remaining themes were correlated with one another.

INDIVIDUAL THEME DISCUSSION

To explore the ability of the individual cultural themes to predict next session adolescent engagement and next session quality of the therapeutic relationship, separate simple regressions were conducted (one for each theme predicting overall adolescent engagement and one for each theme predicting ratings of the therapist-adolescent relationship).

The sessions in which each individual theme received the highest rating were chosen from each of the 18 cases to predict adolescent engagement and therapist-adolescent relationship in the following session. The highest rated discussions of trust/mistrust and anger/rage occurred on average in Session 6. For alienation and respect/disrespect, the average highest rated discussion occurred in Session 7. For journey from boyhood to manhood, these discussions occurred on average in Session 10, and the highest rated discussions of racial identity/racial socialization occurred, on average, in Session 11. Table 1 presents the means and standard deviations for the highest level of discussion for each of the individual cultural themes.

For analyses with each cultural theme, cases were excluded if one of the following were true: (a) The highest level of discussion of a theme occurred at the final session, or (b) a theme was not discussed at all in that case. This accounts for the analyses' different sample sizes (trust/mistrust, $n = 15$; anger/rage, $n = 17$; alienation, $n = 14$; respect/disrespect, $n = 16$; journey from boyhood to manhood, $n = 18$; racial identity/racial socialization, $n = 8$). In

TABLE 2
Summary of Simple Regression Analyses for Cultural Theme Variables Predicting Adolescent Engagement and Therapist-Adolescent Relationship

	Engagement Behavior					
	Overall Engagement			Relationship		
Cultural Theme	B	Standard Error	β	B	Standard Error	β
1. Trust/mistrust	.25	.80	.09	−.19	.10	−.46*
2. Anger/rage	2.19	.91	.53**	.18	.13	.34
3. Alienation	2.39	1.28	.48*	.34	.18	.48*
4. Respect/disrespect	.83	.98	.22	.25	.14	.44*
5. Journey from boyhood to manhood	2.05	1.16	.40*	.24	.19	.30
6. Racial socialization	2.15	4.10	.21	.23	.48	.19

*$p < .10$. **$p < .05$.

addition, because of small sample size concerns, we examined the distributional properties of the data to ensure that our use of parametric statistics was appropriate. We found no serious deviations from normality sufficient to warrant the use of nonparametric statistical methods.

PREDICTING ENGAGEMENT

The simple regression analyses presented in Table 2 reveal that the discussion of trust/mistrust negatively predicted ratings of the therapist-adolescent relationship ($R^2 = .21, p = .09$) in the subsequent session, whereas the discussions of alienation ($R^2 = .23, p = .08$) and respect/disrespect ($R^2 = .19, p = .09$) positively predicted ratings of the therapist-adolescent relationship in the subsequent session. Discussions of anger/rage ($R^2 = .12, p = .18$), journey from boyhood to manhood ($R^2 = .09, p = .23$), and racial socialization ($R^2 = .04, p = .64$) did not predict ratings of the therapist-adolescent relationship in the next session.

Discussions of anger/rage ($R^2 = .28; p = .03$), alienation ($R^2 = .23, p = .09$), and journey from boyhood to manhood ($R^2 = .16, p = .10$) predicted overall adolescent engagement in the subsequent session. The most highly rated discussions of trust/mistrust ($R^2 = .01, p = .63$), respect/disrespect ($R^2 = .05, p = .27$), and racial identity/racial socialization ($R^2 = .04, p = .62$) were unable to predict overall adolescent engagement in the subsequent session.

TABLE 3
Summary of Simple Regression Analysis for Engagement Behaviors
Predicting the Journey from Boyhood to Manhood Theme

| | Engagement Behavior | | | | | |
| | Overall Engagement | | | Relationship | | |
Cultural Theme	B	Standard Error	β	B	Standard Error	β
Journey from boyhood to manhood	.16	0.07	.52**	1.64	.86	.44*

*$p < .10$. **$p < .05$.

ADDITIONAL ANALYSES

PREDICTING CULTURAL THEME DISCUSSION

To further explore the relationship between cultural theme discussion and adolescent engagement behaviors, the ability of engagement behaviors to predict the discussion of cultural themes in treatment was investigated. Separate simple regression analyses were conducted using overall adolescent engagement and ratings of the therapist-adolescent relationship to predict the discussions of each cultural theme separately. Table 3 indicates that overall adolescent engagement ($R^2 = .27$, $p = .04$) and the therapist-adolescent relationship ($R^2 = .20$, $p = .08$) were able to predict the discussion of the journey from boyhood to manhood theme in the subsequent therapy session. Neither overall adolescent engagement nor the therapist-adolescent relationship predicted discussions of trust/mistrust, anger/rage, alienation, respect/disrespect, or racial identity/racial socialization.

DISCUSSION

Research indicates that intervening in the areas of negative emotion (Rutter, 1980), prosocial attachment (Jessor & Jessor, 1977), and competence enhancement (Thomas et al., 1996) are essential for positive adolescent development. However, holding clinically referred African American male adolescents in therapy long enough to successfully intervene in these areas has traditionally been difficult (Kazdin, Stolar, & Marciano, 1995). The recent expansion of clinically relevant developmental knowledge about the

risk and protective factors that predict adaptive and dysfunctional development of majority and minority teens, and the strides made in therapy manual development, should increase our expectations about improving treatment for all clinically referred adolescents. The results presented here indicate that discussing research-derived, culturally relevant content themes, especially those concerning issues of anger/rage, alienation, respect, and the journey from boyhood to manhood can improve the level of therapy engagement of Black male adolescent clients, thus suggesting that infusing such themes into the psychotherapeutic process might be one way to provide better treatment services to African American youth.

It appears that when an adolescent's angry feelings, sense of alienation, and feelings about what it means to be a Black man are discussed directly, the adolescent responds with more overall engagement in the next therapy session. He is now a more active participant in treatment, talking freely, exploring feelings and experiences, and showing esteem toward the therapist. Moreover, discussions of the adolescent's developmental passage toward adulthood showed a particularly interesting connection to adolescent engagement by being an antecedent and consequence of increased overall engagement and involvement in the therapeutic process. The pattern of results suggests that talking about culturally salient and meaningful content themes encourages more active engagement and participation in therapy, and that once a male adolescent is actively engaged in treatment, he is then able to talk more openly about developmentally critical life domains (related aspects of the theory of change of this treatment approach can be found in Liddle, 1999).

Finally, it is important to recognize the negative relationship between discussion of the trust/mistrust theme and adolescent engagement. The topic of trust was never raised in the context of cultural mistrust. However, the theme of trust was raised spontaneously in therapy and discussed to high levels when parents focused on losing trust in their son. When parents raised the issue of trust, it was usually done in a punitive manner. For example, "I can't trust him, all he does is lie." Adolescents tended to react negatively to this situation, and in these situations, the therapist would ask parents to step out of the session so that the adolescent could be seen alone. The therapists shifted the discussion away from a retribution stance and prepared the adolescent to reconnect with his parents. Frequently, however, adolescents were unable to recover from the emotional arousal stimulated by their parents' accusations. Sometimes the relationship with the therapist appeared to suffer as a result of these conversations. Only future studies can tell us if conversations focused more on the area of adolescent cultural mistrust will yield different results.

LIMITATIONS OF THE STUDY AND FUTURE HYPOTHESIS TESTING

As an exploratory, hypothesis-generating study, the results must, of course, be interpreted with caution. The study is limited by its small sample size. With only 18 male participants completing a total of 187 sessions, the ability to generalize these data to other clinical samples of African American male adolescents is limited. In addition, the low levels to which these themes were discussed should be noted. Even the highest session discussions of the most extensively discussed theme (journey from boyhood to manhood) did not reach the level of "explored themes fully." The only theme found to have no relationship with engagement—racial identity/racial socialization—averaged discussion only slightly above "brought up but ignored." This indicates that some of the themes may have had suboptimal tests of their ability to impact engagement because of the low levels to which they were discussed in session. Furthermore, a question could be raised about the selected data analytic approach creating a reduction in variability. To address this concern, we examined the coefficient of variation (CV) for engagement (the outcome variable) in each of the therapy sessions. The coefficient of variation is a commonly used measure to determine if the relative dispersion around one sample mean (i.e., the session with the highest cultural theme) appears different than the dispersion of other samples (i.e., the other sessions). The CV ranged from 3% to 18% with a sample CV mean of 13% ($SD = 4\%$). The CV for the sessions with highest cultural themes is 9%, which lies within one standard deviation of the mean CV, suggesting that it is typical of the full sample and not unduly restricted in variation.

In the treatment within which the cultural theme interventions were specified, a prescriptive therapy model—Multidimensional Family Therapy—has guided this work from its inception (Beutler & Harwood, 1995; Liddle & Hogue, in press). This therapy approach has focused on particularly salient aspects of clinical process, and we have conducted therapy process studies in these areas. These studies have focused on the in-session impasses of parents and adolescents (Diamond & Liddle, 1996, 1999), parenting practices and the relationship of changes in parenting to changes in adolescent drug use (Schmidt, Liddle, & Dakof, 1996), and techniques to reverse negative adolescent-therapist therapeutic alliance (Diamond, Liddle, Hogue, & Dakof, 1999). The present study examined another specific area of therapy process, the engagement of a particular client group: African American male adolescents who were referred for drug and behavior problems. The results of this study provide initial indications of the value of prescriptive issues—salient therapy content for African American male adolescents. This study also

offers information about the use of these themes in different stages of treatment. For example, discussions of alienation and respect foster a more positive therapist-adolescent relationship (an indication that they may be most helpful in the initial stages of therapy), and discussions of journey from boyhood to manhood appear to enhance engagement once it is initially established. However, it is clear that more in-depth study is needed in this new area of investigation before final conclusions can be drawn. Future studies may investigate the possibility of differential effects in different therapy stages. Also, the matter of which themes are most facilitative for particular adolescents remains to be understood.

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