Using a Client-Centered Approach to Guide the Development of a Culturally-Specific Hip-Hop Intervention for African American Adolescent Substance Users

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Abstract: This article portrays and reflects on the social work process of program development using a client-centered, bottom-up approach as a tool to improve client satisfaction and program retention. It is important to discuss this process and to highlight the possible strengths and limitations to using this approach. Moreover, this narrative examines the feasibility of developing and testing a culturally sensitive hip-hop intervention among urban African American substance-using youth and the importance of the collaborative work to establish "buy-in" from key stakeholders. Conclusions highlight the importance of adapting clinical interventions within the context of the client population.

Keywords: substance use, African American, youth, intervention, hip-hop

Introduction

Social work practice continues to evolve in regards to the type of practice specialties and positions. One such role within most community based settings is that of a clinical or program director. Within this role, there are several aspects of the position which are vital to the ongoing functioning and sustainment of effective clinical care. Within our previous role of clinical director at our respective agencies, a few of the many responsibilities that we had included ensuring proper staffing structure, reviewing clinical documentation, monitoring, reporting on treatment outcomes, and program development. While all of these aspects are critical to the position and overall agency sustainment, we agree that the role of program development was one of the more complex processes to undertake within the clinical setting.

During our years of practice and research, we have found that the process of program development is one that takes on many different approaches and can be daunting for new and even experienced clinical directors or administrators. While the literature discusses social work practice and direct care with clients in great detail, there is less information around effective program development approaches for use within an agency setting. As such, we felt a strong need to reflect on the process that we utilized to develop a culturally sensitive intervention for African American urban youth in substance use disorder treatment. A large majority of the youth were referred to the program by the state juvenile justice agency and had multiple treatment episodes. Additionally, given the complexity of most urban environments (poverty, crime, drug trafficking, and health disparities), a large majority of youth entered treatment with multiple areas of concern. This article will provide the overall clinical context used for the process of program development within this complex population. Following the theoretical framework, the paper will discuss the overview of the clinical setting followed by the utilization of a bottom-up adapted approach which was used to ensure successful program development and outcomes among key agency stakeholders and the client population currently enrolled in the substance use disorder treatment program. This seven step approach consisted of: problem identification, brain

storming, review of literature and feasibility, curriculum development, intervention formation and presentation, and pilot testing.

Theoretical Framework

As we started thinking about program development within the complex clinical system, it was imperative for us to identify and decide on a framework that could be used for the development phase of the program. This was not a task that we took on lightly given the many complexities as it relates to agency policies as well as consumer buy-in. During the development period, we had to address multiple competing interests which came into play such as agency programmatic needs and what was reimbursable in regards to service type versus what the client wanted in regards to effective treatment (Sobell, Sobell, & Ward, 2013). While it is easy to think that these ideas are in alignment at all times, there are times when they result in conflict. This conflict results in poorer treatment outcomes such as retention, poor patient satisfaction in addition to a reduction in billable services (Lindhiem, Bennett, Trentacosta, & McLear, 2014).

These complex issues typically occur when agencies make programmatic changes using a top down approach (Biesta, 2007). This approach is when the board of directors or senior administrators decide to adopt specific programs or make changes to existing programs without consulting with the potentially effected clients. The decision to implement or modify a program is often driven through their overall understanding of a theoretical perspective or best practices which have generally been accepted within the field, and then an intervention is developed or adopted (Petersén, & Olsson, 2014). While this approach is typically the gold standard for clinical programing interventions, most are often influenced due to outside stakeholder preferences (funding sources, insurance companies, etc.), and it does not always result in the anticipated outcomes (treatment outcomes, revenues) (Petersén, & Olsson, 2014). An example of this can be made using the well-known evidence based practice of cognitive behavioral therapy. While this approach has been widely accepted and utilized across diverse populations, a meta-analysis indicated and expressed caution when applying this model to blacks and Hispanics (Windsor, Jemal, & Alessi, 2015). Utilizing a top-down approach, this model has been adopted widely among those populations for which research has cautioned and called for further investigation into the overall effectiveness (Wilson & Cottone, 2013). While the top-down approach has been the primary approach used with program development, we will discuss the feasibility and ease of using a client-centered approach to program development.

The process of using a client- centered framework was an approach that encompassed input from current and previous clients to inform overall program development (Scholz, Gordon, & Happell, 2016). In contrast to the top-down approach, a client-centered approach would be considered a bottom-up approach. According to research, bottom-up program development:

> Can involve three different approaches to incorporating theory. First, developers might adopt an atheoretical approach, that is, they do not concern themselves with why their intervention may work; instead they may focus solely on whether the intervention works. Second, developers can incorporate theory in a discovery-based fashion, that is, they build their model as they discover new findings and as their experience grows. Third,

> developers can seek inspiration in existing theories to explain why their interventions are effective. Different portions of multiple existing theories are then eclectically combined into a new model (Vansteenkiste, Williams, & Resnicow, 2012, p. 4).

It is important that we emphasize that the client-centered, bottom-up approach which we used was influenced by several factors. These factors included our clinical intuition and experience, a reported increase in clinical problems, and the lack of success with the current intervention coupled with the agency's expressed desire to create more effective approaches. As part of our ongoing understanding of this approach, we found that utilizing a client-centered, bottom-up approach is not without a theoretical context. Within this process, we found an overwhelming need to complete a thorough review of theoretical frameworks which we used to explain our proposed intervention and targeted outcomes following the development and testing period.

During the initial development phase of the program, we found many benefits and limitations to using a client-centered development approach. One of the many benefits is the empowerment of clients to engage in the development of a clinical intervention which could potentially increase their own treatment related outcomes. Given the client population that we typically worked with (Department of Juvenile Justice-referred youth), we felt that it was important to provide the youth with an opportunity to engage in the creation and development of a program that would ultimately affect their treatment outcomes. The desire to have the clients engaged in the program development process is exemplified in the following excerpt between the clinical directors following a meeting with the board of directors:

> CD1- *The meeting with the board was very productive. I discussed our program development strategy and they seemed pretty open. One of the members expressed concern about having clients involved in the process because he felt it would delay the start of the program. It seemed like he was more concerned about the revenue generating aspects as opposed to a balance between revenue and client satisfaction. I had to make it clear that having clients be a part of this development process was key to buy-in and overall engagement. He seemed to get on board.*
>
> CD2- *Wow, I hope they understand how key client engagement is to the development of this program. They have to see the results of the programs they just implemented without any client input. They haven't been successful. Using this approach, clients will be empowered and engaged. I hope they get that we are doing this to improve the agency's outcomes.*

From our perspective, empowerment was a major component in our client-centered approach. According to Freeman (2013), increasing client empowerment has led to improved clinical treatment outcomes. Another benefit that we found using this approach was the ease and flexibility of program changes which occurred during and following the intervention development. While there were many advantages to using this approach, we had to also keep in mind the known limitations such as time required for the process and including clients in the decision making components. While the agency where we developed this approach was open and understanding of the program development process, most agencies are sensitive to

implementation time and try to maximize service delivery through faster implementation. Another limitation is the lack of testing related to an agency-developed intervention. There is often hesitancy among clinicians regarding the usefulness of interventions which have not been shown to be effective through the process of vigorous research and evidence based practice standards (Gray, Joy, Plath, & Webb, 2013).

Given our previous use of both approaches, the limitations expressed are appropriate. However, an example of a client-centered, bottom-up approach is the well-known clinical intervention of motivational interviewing (MI). According to Miller and Rollnick (2009), "MI was not a product of rationale deduction from theories. Rather it represented a clinical method, and later a growing body of empirical findings, in need of theoretical explanation" (p.134). Motivational interviewing was developed from clinical intuition and out of the need for a different "less confrontational" approach to working with alcohol dependent clients (Miller, Taylor, & West, 1980; Miller, 1983). As research has demonstrated, MI has continued to evolve and is moving on its way to becoming a theoretical framework (Miller & Rose, 2009). More to the point, MI has increased in its overall utilization and is widely adaptable across several related behavioral conditions (Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010).

Overview of the Clinical Setting

The treatment center where we developed this clinical intervention was located in a large urban city on the east coast. As an important note, the treatment center was well established and has been in operation for over 20 years. This added another complex layer for the program development process because we were met with some viewpoints of "if it ain't broke, don't fix it," meaning the staff had an existing belief that the interventions being used were effective. The treatment center has been providing dual diagnosis service to youth and adults affected by substance use and co-occurring mental health disorders. The agency programs include both inpatient and outpatient services; however, we only implemented this approach within the context of the outpatient setting. Our original focus on developing a culturally sensitive treatment intervention was grounded in the belief that a large majority of individuals enter substance use disorder treatment programs through an outpatient program. This belief was supported by the 2015 National Survey of Substance Abuse Treatment Services (N-SSATS) research findings which indicated that 89 percent of substance abusing individuals receive an outpatient modality of care upon their entry into treatment (Substance Abuse and Mental Health Service Administration [SAMHSA], 2017).

The outpatient program provided treatment services to a large population (approximately 80%) of African American clients. Through several conversations with the board of directors, we successfully made the case for the development of a culturally sensitive clinical intervention, which was appropriate given the context of the client population. Prior to engaging in the program development process, it was important for us to understand the complexity of their outpatient treatment setting. There are a wide variety of clinical services that were provided which included substance use disorder treatment, mental health therapy, medication management, psychological testing, educational service, health screenings, and nursing services. As an added benefit to the youth treatment program, transportation services were also provided

to youth who resided in the catchment area. The youth program consisted of the following program levels and duration:

- Traditional outpatient program: less than 6 hours of treatment per week
- Intensive outpatient program: 6-20 hours of treatment per week
- Partial hospital program: 21-30 hours of treatment per week

In order for a youth to receive substance use disorder treatment, they had to sign all necessary consent forms and complete a clinical assessment which assessed current functioning in the following areas: Substance use, family, education, legal, medical, mental health, and social/peer relationships. Following this assessment, the youth were assigned to a treatment condition based on the American Society of Addiction Medicine-Patient Placement Criteria-2nd revision (ASAM-PPC-2R) (Stallvik, Gastfriend, & Nordahl, 2015). A detailed description of the program and expectations was provided with the youth and their parent/guardian as part of the orientation. Within the program, youth were discharged for the following reasons: 1) completion of treatment, 2) premature termination, 3) therapeutic discharge, 4) discharge due to incarceration, 5) discharge due medical reason, and 6) discharge due to death. The typical program length of stay was approximately 90 days with an incremental step-down approach. Prior to undertaking any program development process, it is important to understand how the agency operates. Following this stage in the process, we proceeded with the program development phase using a structured framework which we will discuss next. The framework was important so that we could keep track of where we were in the process but also as a means to inform key stakeholders of the process and next steps.

Application of Client-Centered Program Development in a Community-based Setting

Step 1: Understanding the Need—Problem Identification

There are several factors which we considered during the problem identification period. Most important was to consult with agency administration and engage them in the collaborative process which required input from multiple stakeholders. One of the main areas identified by the leadership and the clinical staff was the need to increase retention among the youth enrolled in the program. This particular need arose from several quality assurance audits which revealed a high incidence of premature termination from treatment (approximately 70-80%). From our perspective, this was highly problematic since research has shown that when individuals stay in treatment longer, they have better treatment related outcomes such as decreases in substance use, improved academic achievement, increased family functioning, decreases in mental health symptoms, and less contact with the legal system (Centers for Disease Control and Prevention, 2010). More to the point, we felt that this issue of premature termination from treatment is a current and relevant issue for social workers and the social work profession. According to research, “the social work profession has a unique role in preventing and treating alcohol and other drug problems” (Burke & Clapp, 1997, p. 552), which includes the prevention of premature termination from substance abuse treatment. From our initial discussion regarding outcomes, we found that the issue of premature termination was also a problem noticed by the youth engaged in the program as well as outside agencies and funders.

Step 2: Hypothesize Solutions—Brain Storming

Following the problem identification process, we engaged in a process of formulating preliminary hypotheses as to why youth were leaving treatment prematurely. This was particularly interesting to us, as we had the opportunity to hear from clinicians and clients. We felt that providing clients with an opportunity to discuss why they felt the need to leave treatment early was an important step within the client-centered approach. During this stage, focus group sessions were conducted with the sole purpose of answering the following questions:

- Who are the youth that leave treatment prematurely?
- What are the factors that contribute to youth leaving treatment?
- When are youth leaving treatment?
- Why are youth leaving treatment?
- How can we prevent premature termination from treatment?

To ensure that the focus group sessions were productive and engaging, we consulted with agency administration to gain better understanding of how to group the participants. From this consultation we arranged the groups in the following manner: Clinicians, 14-17 youth, and 18-21 youth. Our approach to the group arrangement proved to be advantageous to answering the questions and gathering varying perspectives regarding premature termination from treatment. Among the clinicians, several themes and hypothesis were developed which included clients being in denial, lack of motivation, problems with problem identification, and boredom. To take the focus group session further, we asked clinicians for suggestions that addressed how to prevent premature termination from treatment. Clinicians provided great insight regarding possible interventions. This process revealed the need to increase motivation for treatment as well as provide youth with different treatment options. When we ask how to prevent youth from leaving treatment during the focus group, the clinicians provided several insights from their perspectives:

> "I think we need to find a way to motivate the clients. They have so much going on and treatment doesn't seem as important for them compared to all the other issues going on."
>
> "We need to find a way to turn these external motivators into internal motivators. A lot of our youth are sent here by their POs, parents, or others, and they don't necessarily see the importance of treatment."
>
> "I wish we could implement or create something that is more interesting or engaging for our youth. For example, the female group really enjoys making collages as a way to address issues of self-esteem and body image. It has led to great conversations."
>
> "We've used journaling time and that has been really telling with several issues. I think we could try this as an approach. This has worked even when my youth couldn't read or write well. It has provided a way for youth to communicate with me."

During the process, we believed the inclusion of clinicians during this phase of the development

process was important for several reasons. Most of the clinicians were interacting directly with the youth and were able to speak to factors from their clinical intuition. More to the point, it was imperative to incorporate clinicians in the intervention development process to elicit and improve buy-in from those most likely to implement and champion the newly developed clinical intervention.

We decided to get input from groups of clients, drawing on focus group methods. As we conducted the focus groups, we found that the client groups provided a more practice-oriented and user-friendly aspect to the overall intervention. Within the 14-17 youth group, several important themes became relevant during the process such as boredom, over-saturation (hours per day and days per week), lack of problem identification, and lack of cultural relevance. These themes were conveyed by a large majority of the youth who were enrolled in the treatment program as well as the older 18-21 youth group. We found that the 14-17 youth group provided a variety of novel and creative solutions which were not previously thought about by the clinicians. Youth within the group made the following suggestions:

> "Can we do something fun? We are here for 3 hours a night, and always talking about drugs gets boring. I like when we can do different things."
>
> "We talk about drugs all the time, can we do something different? I get that this is a drug program, but drugs is not all that I do."
>
> "Let's use hip-hop."; "I like to draw, can we do something with that?"; "How about poetry?"

We were surprised by the level of engagement and interaction that clients were demonstrating during the focus groups. We were able to see their excitement and willingness to be a part of the process. When the youth were discussing the idea of using hip-hop in treatment, there was an overwhelming response from the group which was positive and seemed to increase the conversation. There were many ideas and discussions about how and what youth would like to do with using hip-hop. This overwhelming response to using hip-hop was interesting to us and became a focal point, as it showed great promise as an approach to increasing engagement among youth (Travis, 2013).

Similar to the 14-17 youth group, the 18-21 youth group provided information which offered insight from a slightly different perspective. The themes that emerged were similar in regards to boredom, lack of problem identification, over-saturation, and lack of cultural relevance. However, this group also discussed barriers to treatment such as seeking and maintaining employment. This perspective highlighted the need for age-appropriate treatment options which addressed various developmental perspectives. Given that a large majority of the older youth were either graduates or did not finish high school, having a focus on employment, vocational training, and/or higher education was appropriate. The 18-21 youth group demonstrated insight into the problem of premature termination, but also identified the ongoing need for treatment to provide age-appropriate skills-based interventions. Consistent with the 14-17 group, there was an overwhelming response which supported the use of music, more specifically hip-hop, as a

possible approach for intervention to engage youth in treatment. The focus on engagement has been established in the literature as a predictor of retention among a wide variety of clinical interventions and health related research (Dunne, Bishop, Avery, & Darcy, 2017).

One of the main goals of using this approach was to ensure continued collaboration and strengthen buy-in. With this in mind, we were purposeful in sharing responses from each group in a collective setting. We felt this was necessary to get clinicians and clients in the mindset of working together on the program development process. Through this collaborative process, both clinicians and youth were able to voice their concerns and possible solutions to the identified problem. Overall, through this process we were able to determine that because of factors such as boredom, lack of engagement, and lack of problem identification, youth were less likely to remain in treatment (Brorson, Arnevik, Rand-Hendriksen, & Duckert, 2013). Furthermore, youth wanted something that was culturally sensitive (hip-hop was derived from the focus groups) and allowed for self-expression (Harper, Rhodes, Thomas, Leary, & Quinton, 2016).

Step 3: Understand the Literature and Feasibility

Following the focus group sessions, we engaged in an extensive literature review to gain a better understanding of the mechanisms available which can help guide the development process. Prior to going deep into the literature, we consulted with agency administration to better understand their thoughts regarding results from the focus group and "non-traditional" treatment approaches. This was a unique approach for this particular program development process, given the strong focus on hip-hop as suggested by the youth. While hip-hop has a strong cultural presence among urban youth, the literature reveal that not much has been developed which looked at using hip-hop in a clinical setting (Turner-Musa, Rhodes, Harper, & Quinton, 2009). Conversely, hip-hop has been used in several health promotion endeavors which include stroke literacy (Williams et al., 2015), and HIV/AIDS prevention (Hill, Hallmark, McNeese, Blue, & Ross, 2014).

We also found that the use of hip-hop as a group intervention was not a new idea; however, there was limited information of its use as an intervention in a clinical substance use disorder treatment setting (Turner-Musa et al., 2009). In previous clinical settings, hip-hop was used as a means to facilitate culturally relevant group work among clients (Levy, Emdin, & Adjapong, 2017). The premise for the use of hip-hop among this population was the significant amount of youth that are exposed to the messages within the hip-hop culture. As a result, the association between hip-hop and the African American youth culture has been well established (Harper et al., 2016).

Despite the lack of literature available which identified hip-hop as a treatment intervention for substance use disorders, we were able to find a significant amount of literature which discussed the use of alternative therapies such as art, music, and dance therapy, which are closely associated with the hip-hop cultural tenets (graffiti, hip-hop/rap music, and break dancing). There have been several studies using music to assist behavior change, such as decreasing aggression and anxiety (Gutiérrez, & Camarena, 2015; Hakvoort, Bogaerts, Thaut, & Spreen, 2015). Moreover, research has demonstrated that the use of music promoted healthy lifestyles

among substance users in a group setting by enhancing communication skills and group cohesion (Hwang, & Oh, 2013). The use of music as a clinical intervention has been associated with positive treatment outcomes. More to the point, the use of music has been shown to improve perspectives regarding a number of complex issues (Harper et al., 2016). Given this close relationship found in the literature, the use of hip-hop in substance use disorder treatment seemed feasible and adaptable within the current clinical setting.

Step 4: Focus Group—Topic Development

Following our extensive review of the literature, we conducted follow-up focus groups with all the youth to gain a better understanding of what they were looking for within their proposed hip-hop intervention. Overwhelmingly, the youth indicated that they wanted to incorporate music into the program. When we probed further, they elaborated that they would like to have opportunities to "freestyle," which is a form of rapping. Interestingly enough, there were also recommendations to incorporate drawing as part of the program. As we continued the focus group, we asked the youth to identify possible topics or themes that they wanted to address as part of the intervention. We placed youth into smaller work groups and asked them to record their suggested topics (in rank order) on paper for inclusion into the intervention. This approach continued the collaborative process with youth involvement, but also provided us with information to take back to the clinicians for further discussion into a clinical context for group work.

Upon completion of our focus group with the clients, we re-engaged the clinicians to ensure they were able to provide input into the identified topics proposed by the youth. During this phase, we worked closely with clinicians to review and discuss all of the lists and proposed topics in great detail. Following the final review with the clinicians, which included them rank-ordering topics in order of importance, we again brought the youth back into the process to engage with clinicians in a reconciliation process. Our process provided for collaborative discussion between the clinicians and youth, therefore also increasing engagement among the participating youth. A final set of topics were rank-ordered as agreed upon by the collaborative group (youth and clinicians) for inclusion into the proposed program.

- Substance use education (various types of drug and effects of use)
- Crime and violence (community violence)
- Dating and relationship issues (objectification of female, and health dating)
- Sexual Health Education (STI prevention and identification, safe sex practices)
- Relapse prevention and recovery skills
- Academic issues (dropout and misconceptions around fame, money, and usefulness of education)
- Financial responsibility (money management),
- Family functioning (fatherlessness, single parenting, poverty)
- Healthy Eating (specifically to urban environments)

Our collaborative focus group discussion was essential and provided a forum were youth were able to express the good and not so good things about the program. This level of feedback was

important for consumer satisfaction, clinical growth, and as a guide for program evaluation and changes. While we could have engaged in this process from a top-down approach in order to expedite the development and implementation process, buy-in from both the youth and clinical team was placed at a higher priority than speed of implementation. As the process evolved and through ongoing consultation with agency administration, we were able to fully understand the complex competing interest and the importance of prioritizing and then deciding on the best approach to address agency needs.

What Does It All Mean?—Understanding the Process

Understanding the process of program development can be tedious depending on the scope and aim of the actual intervention. For this particular intervention, our overall scope was to increase retention among youth in drug treatment. We set out to develop and test a client-centered intervention, specifically as an add-on intervention to determine the overall effectiveness on retention. Given the stated scope and aim of the intervention and the expressed desire of the board of directors, clinicians, and youth to improve retention, it was relatively easy for us to present the proposed program as developed by youth and clinicians to the board of directors for approval. As one of our overall goals, we did not want the creation of the intervention to disrupt normal agency functioning, nor did it take away from the existing treatment approach. For the approach we used, there was no anticipated down-side to the agency.

Using client-centered interventions was not a new concept to the field of behavioral health treatment. Our overall belief that clients could participate and provide a certain level of expertise to others experiencing similar situations arose from the following assumptions derived from Doughty and Tse, 2011, pg. 252:

1. Clients might better identify or understand the issues associated with mental illness and/or substance abuse if that information comes from their peers, who have unique contributions because of their experiences.
2. Clients might encourage participation of consumers in treatment services.
3. Clients might be able to facilitate change attitudes towards mental illness and/or substance use.

Moreover, our utilization of a client-centered approach has previously demonstrated increased positive outcomes within social work practice (Graham et al., 2014). For example, Young, Chinman, Forquer, Knight, Vogel, Miller, Rowe, and Mintz (2005) conducted a study to evaluate the effectiveness of an innovative, consumer-led intervention, which was designed to improve provider quality, empower mental health consumers, and promote mutual support. Findings from this study supported the consumer-led intervention, which increased provider education, teamwork, competency, and recovery orientation.

It is important to note that during this process, we engaged in and strongly encouraged ongoing consultation with agency administration. We found that, unless you have independent decision-making capacity, it was not advisable to get to this point of the process without incorporating and getting feedback from key stakeholders. Failure to get feedback and

consultation could lead to delays in implementation or an overall decision not to proceed with the intervention. This could have adverse consequences such as anger and frustration on the youth participating in the intervention development process. While this may seem counter-intuitive to a client-centered approach, there was an ongoing need and requirement to work within the context of the agency to ensure compliance with all federal, state, and local regulations as well as agency policy and procedures.

Step 5: Formalize the Intervention and Determine Buy-in

Our use of collaborative focus groups provided valuable feedback for clinicians and youth regarding the overall feasibility of including the proposed topics in the intervention. This feedback was important to the formalization process which initially occurs within the context of the clinical team. During this process, the selected topics were translated into standard clinical language. This was the point where we incorporated the literature to guide the development of the intervention and, when applicable, discussed possible theoretical perspectives for inclusion.

For the proposed hip-hop intervention we found that there were several aspects which were discussed in the literature that clinicians wanted to incorporate as a result of the collaborative focus groups. As previously mentioned, the participating youth emphasized the importance of music being part of the intervention. While this appeared to be a simple request, we used a purposeful and strategic process to ensure that appropriate music was selected and agreed on by the focus groups. Youth were asked to recommend various songs and artists to include in the hip-hop intervention. They were made aware that the recommended songs would be screened by the clinical team for overall appropriateness. The music selection process was conducted using a four-point rating system which was completed by three clinicians familiar with hip-hop. The purpose of the rating system was to group the music based on the type of message it conveyed (negative, positive pro-social, and undecided). All the music selected for the intervention was the edited clean version, given the age group of the youth.

Another important aspect of the intervention that was requested by the youth was the ability to "freestyle" as part of the intervention. The clinical team agreed that the use of "freestyling" could be used as a therapeutic process and could convey clinically relevant messages which may not otherwise be discussed among this population. As a result, the clinical team expanded the development to include poetry and the addition of journaling. The journaling aspect of the intervention was two-fold: it gave the youth an opportunity to have a tangible record of their lyrics or poems, and it offered the youth a private way to communicate with their clinician if needed (Miller, 2014). For youth who were unable to "freestyle" either through rapping or poetry, an art therapy component was added as an alternate form of hip-hop expression, namely graffiti (Goicoechea, Wagner, Yahalom, & Medina, 2014). The focus groups conducted during the development phase allowed us to discuss the benefits of using art therapy and other alternative forms of communication with this population, given the complex clinical issues such as poverty, crime and violence, drug trafficking, poor academic achievement, mental health issues, as well as substance use (Meyerson & Grant, 2014).

The intervention formalization process was not a quick task for us to complete. This required

several reviews and revisions among several stakeholders (youth, clinicians, clinical director, administer/board of directors). Our purpose for the review process was to provide stakeholders with ample opportunity to critique and provide constructive criticism about the proposed intervention. Additionally, this was a time when the program development team could provide additional information to ensure understanding and "buy-in" from stakeholders. Once all the recommended revisions and critiques were resolved, the intervention was ready to be finalized.

Step 6: Present Final Intervention

The final presentation of the intervention was the completed version as approved by the involved stakeholders. As a part of our process, the final intervention presentation was not a surprise to anyone involved, given the collaborative client-centered approach we used. We felt the final presentation was essential to the success of the intervention. This was where having clinician and youth "buy-in" during the development phase came into play. While the clinicians were presenting the hip-hop intervention, the youth who participated in the development process served as champions and promoted interest in the intervention among their peers.

More to the point, our final presentation phase included a presentation to the administration/board of directors. Our approach used members from the clinical team and selected youth participants to walk through the intervention during the presentation. This demonstrated a strong showing of the collaborative efforts between clinicians and youth, which built credibility towards the implementation of the intervention. It was important to discuss the scope and purpose for the developed intervention as well as the detailed process of the client-centered approach utilized.

Example of the Group Approach—Hip-Hop Therapy: The Flow Project

This clinical intervention was designed for an 8-week, 1.5 hour group-based curriculum which incorporated the above mentioned approach. Each week a new topic theme was presented which allowed for a continuous open-group approach consistent with substance use disorder treatment settings. During the week, youth were provided with 15 minutes each day to journal, which included writing or drawing about issues of the day. Our process for implementation is described below.

Session 1: What's real?

Clinician Role: Present youth with hip-hop songs related to topic for the week
Youth Role: The youth engage in a discussion which identifies what is real or fake as presented within the music.
Therapeutic approach: Problem identification, narrative feedback, stage or change assessment, cognitive restructuring
Related Homework: Identify songs which present pro-social messages related to current theme

Session 2: Identification and discussion of pro-social messages. This session incorporates discussion of songs that youth-identified from their homework.

Clinician Role: Counselor will facilitate group discussion regarding prosocial messages within youth identified songs. It is important that counselor has access to internet-based services in order to gain immediate access to the music for group discussion.
Youth Role: Youth will participate in ongoing discussion identifying their reasoning and justification for song selection. The student will make a connection with the week's current theme.
Therapeutic approach: Cognitive restructuring
Related Homework: Create a demonstration of a positive message using hip-hop medium (freestyling, poetry, artwork, etc.)

Session 3: Presentation and discussion of hip-hop expression- this session allows for youth to perform or display their use of hip-hop to convey their understanding of prosocial messages related to the weekly topic.

Clinician Role: Facilitate discussion regarding youth expression using hip-hop therapy
Youth Role: Present and discuss their own interpretation of prosocial messages conveyed through hip-hop medium.
Therapeutic approach: Narrative art therapy, expressive therapy
Related Homework: Write in journal over the weekend and bring back the following week

Example of Hip-Hop Expression

Below was an example of the level of collaborative work used between the clinical team and youth participants. This use of hip-hop music itself was used by the clinical director as an ice-breaker for the youth. The purpose was to show youth that anyone, regardless of skill level, could create a narrative expression based on current experiences.

Visions of You

Our youth are slowly dying and about to blow it,
Visions of potential dreams gone and they don't even know it,
you see the street life is seductive and will draw you in,
only to find out later, it really wasn't your friend.

The media shows our youth as violent and thugs,
And gives false narratives such as they won't amount to much because of fatherlessness and drugs,
But see, that's such a slanted one-sided view,
Come and walk with me, there's so much more I can show you.

See what I see through the eyes of our youth,
Stop for a moment and hear their truth,

they have hopes, dreams, and future aspirations,
Much bigger that winding up in a run-down police station.

You see, they dream of being doctors, lawyers, and maybe even the president,
But the environment they live in has them living their life like a resident,
Gun shots, police violence, and drug deals galore,
I can definitely understand how it's hard to want for more,

Survival of the fittest is the code of the street,
And it's really hard to trust anyone new that you meet,
But I am here for you to help you cope,
And show you there's much more than gangs and dope.

Let me help show you what this all means,
And show you a life that is sober and clean,
Achieve the highest heights of your given potential,
Help you win this game by using your mentals.

And when the day is over and all is said and done,
My hope is that you can shout it from the highest peak, that you've played the game and won.
Written by Streetz (Clinical Director)

Step 7: Pilot Test for Effectiveness.

Upon our completion and acceptance of the developed hip-hop intervention by all stakeholders, the intervention needed to be tested for effectiveness. The pilot test for the effectiveness phase was developed based on the desired outcome of retention, which was established early during the collaborative approach. For the agency in this case study, the target outcome was a reduction in premature termination from substance use disorder treatment. This was a highly accessible outcome and could be measured in days or weeks, or by completion status. This measure was dependent on the agency's quality assurance/improvement metrics and their ability to capture the necessary data.

To test the effectiveness of this newly developed intervention, we used a straight forward approach. Given the identified problem, we already had access to an established baseline regarding the percentage of youth who prematurely discharge from treatment. Therefore we decided to use control versus experimental group design. Using this approach, we assigned youth to either the treatment-as-usual group or the treatment-as-usual + hip-hop intervention group. We were able to provide the administration and the clinical team with the ability to assess the effectiveness of the hip-hop intervention on improving retention among youth.

As an example of the effectiveness of the intervention, preliminary results from the wave 1 focus group, which occurred 4-weeks following the implementation, were summarized by themes. We determined this to be an appropriate time period where youth were able to get an introduction into the hip-hop intervention, and clinicians had begun utilizing it as an add-on treatment.

Noteworthy themes that emerged from our focus group were described: excitement about treatment, treatment is fun, understanding of drug use, problem recognition (external), issues with community violence, and better understanding of safe sex.

Revise and Re-test as Needed

As an important note, we developed this intervention with the understanding that revisions and re-testing of the intervention would be ongoing processes during the development period. It was important for us to continue to meet with the clinical team and the youth to elicit subjective feedback regarding the intervention. Additionally, ongoing quantitative metrics were continuously used to assess the effectiveness of the intervention on the target outcome of retention. If additional changes were needed, we continued program evaluation using the client-centered process to determine what would be most beneficial and enhance the intervention.

Clinician Feedback about Hip-Hop Intervention

After spending a year studying hip-hop therapy, I have come to realize its benefits in treatment. This approach allows clinicians to get back to the basics by starting where the client is. Clinicians work on appreciating the context: the roles of both music and culture in the lives of the clients whomthey serve. The purpose is to give our clients a voice through hip-hop. It allows them to express themselves in a creative way. This type of treatment gives clients an opportunity to feel heard, allows them ownership of their feelings, and keeps them empowered, and helps draw awareness to their lived experiences.

Many skeptics view hip-hop as violent, drug promoting, misogynistic, or sexually offensive. With the right guidance, clients can use hip-hop as an outlet. In addition this approach helps clients explore and appreciate rap's positive attributes, which have a history in the black community. This form of therapy offers a way for clients to communicate in an unconventional way. As clients deal with their day-to-day lives and issues, they find catharsis in freestyling, writings, and drawings.

Because of these benefits, we have started a hip-hop recovery group. The group consists of 10 adolescents, three female, and seven males. Participants' ages range from 15 to 19. Clients have stated that they enjoy the group. They stated that they were able to explain their experiences to their counselor and felt like they were understood. Hip-hop therapy is a great tool for clinicians to use, not only to build rapport but to give their clients a voice" **Clinician 1**.

Conclusion and Implication to Social Work Practice

During the initial phase of our work, we learned some important lessons which guided how we operated within this agency. As part of the overall process, it was important to reflect on these lessons as crucial to the program's development approach. Additionally, if used as a guide, the lessons learned could inform future program development within agency settings.

Lesson 1: Interest and desire did not always equal support. We found that even though the administration expressed a need and interest for creative interventions, we were met with multiple cancelled meetings, "busy" schedules, and overall skepticism prior to even starting our work.

Lesson 2: Divide and then conquer. When we first attempted to get buy-in, having large groups of stakeholders created opportunities for conflict and group-think. We had some individuals who were "stuck in their ways" and tried to get people to "side" with them. We also had people for and against the possible changes to the clinical program. We decided early on that we would have to separate stakeholders into smaller, more manageable groups.

Lesson 3: Understand the social network of the agency. We had to identify those with influence within the agency. Sometimes it was not necessarily those in leadership positions. We found it easier to get buy-in from stakeholders if we had buy-in with the agency influencers.

The importance of utilizing a client-centered, bottom-up approach to ensure that the voices of those most likely to be affected by the intervention are heard should be further discussed in the program development literature (Doughty, & Tse, 2011). This approach is imperative for incorporation into social work administration practices as well as effective client-centered interventions. While the top-down approach is widely used and accepted by most social work organizations, there is a need to get back to empowering clients to engage in their treatment process (Freeman, 2013). Utilizing this approach was successful for the given case scenario for increasing retention among urban African American youth in substance use disorder treatment. It is imperative that social work practitioners and clinical directors advocate for the use of this approach when engaging in clinical program development.

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