

A YOUNG MAN'S GUIDE TO **SELF-MASTERY** **FACILITATOR'S** **GUIDE**

STEPHANIE S. COVINGTON

ROBERTO A. RODRIGUEZ



A Young Man's Guide to Self-Mastery

A Young Man's Guide to Self-Mastery

FACILITATOR'S GUIDE

Stephanie S. Covington, PhD, LCSW

Roberto A. Rodriguez, MA, LMFT, LADC

JOSSEY-BASS™
A Wiley Brand

This edition first published 2021

© 2021 Stephanie S. Covington and Roberto A. Rodriguez

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at <http://www.wiley.com/go/permissions>.

The right of Stephanie S. Covington and Roberto A. Rodriguez to be identified as the authors of this work has been asserted in accordance with law.

Registered Office(s)

John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA

Editorial Office

111 River Street, Hoboken, NJ 07030, USA

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Limit of Liability/Disclaimer of Warranty

While the publisher and authors have used their best efforts in preparing this work, they make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives, written sales materials or promotional statements for this work. The fact that an organization, website, or product is referred to in this work as a citation and/or potential source of further information does not mean that the publisher and authors endorse the information or services the organization, website, or product may provide or recommendations it may make. This work is sold with the understanding that the publisher is not engaged in rendering professional services. The advice and strategies contained herein may not be suitable for your situation. You should consult with a specialist where appropriate. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

Library of Congress Cataloging-in-Publication Data is Available:

ISBN 9781119627746 (Paperback)

ISBN 9781119627791 (epub)

Cover Design: Wiley

Cover Image: © Banana Oil/Shutterstock

Set in 10.5/15 pt Metropolis by SPi Global, Chennai, India

10 9 8 7 6 5 4 3 2 1

TABLE OF CONTENTS

Preface viii

Introduction for the Facilitator ix

Module A: Myself 1

1 Welcome, Introductions, and Building Our House 1

Session Overview 1

Background Information for Facilitators 3

The Session 6

2 A Sense of Self 16

Session Overview 16

Background Information for Facilitators 17

The Session 18

3 A Boy's World 26

Session Overview 26

Background Information for Facilitators 27

The Session 29

4 Introduction to Trauma 39

Session Overview 39

Background Information for Facilitators 40

The Session 41

Module B: Communication and Connections 57

5 Communication and Connections 57

Session Overview 57

Background Information for Facilitators 58

The Session 60

6 Abuse and Conflict 71

- Session Overview 71
- Background Information for Facilitators 72
- Review of Between-Sessions Activity 72
- The Session 74

7 Mothers 87

- Session Overview 87
- Background Information for Facilitators 88
- Letters to Mothers 89
- The Session 90

8 Fathers 96

- Session Overview 96
- Background Information for Facilitators 97
- Grounding Activity 98
- The Session 98

Module C: Relationships 105

9 Friendship 105

- Session Overview 105
- Background Information for Facilitators 106
- Self-Mastery Activity 107
- The Session 108

10 Gender and Sexuality 117

- Session Overview 117
- Background Information for Facilitators 118
- Discussion: Dating and Sexuality 119
- Lecture and Discussion: Gender Identity and Sexual Orientation 120
- The Session 120

11 Barriers to Healthy Relationships 129

- Session Overview 129
- Background Information for Facilitators 130
- Review of Between-Sessions Activity 131
- The Session 132

Module D: Healthy Living 141

12 Our Bodies 141

- Session Overview 141
- Background Information for Facilitators 142

Activity and Discussion: Expressing Feelings 143
The Session 143

13 Dealing with Life as It Happens 159

Session Overview 159
Background Information for Facilitators 160
Lecture and Activity: Understanding Addiction 160
Activity: Coping with Stress 161
Spirituality 162
The Session 163

14 Endings and Beginnings 171

Session Overview 171
Background Information for Facilitators 172
Activity: Healing Masks 172
Decision Making 173
Optional Activity 173
Celebrating One Another 173
The Session 174

Appendix 1. Five Senses Cards 179

Appendix 2. Local Resources 180

Appendix 3. Self-Mastery Techniques: Grounding and Self-Soothing 183

Appendix 4. Yoga Poses 196

Appendix 5. Optional Activity 202

Appendix 6. Redefining Gender 204

Appendix 7. Healing Mask 208

Appendix 8. Optional Activity 212

References 215

Feedback Form 220

About the Authors 222

Additional Publications Stephanie S. Covington 223

Index 225

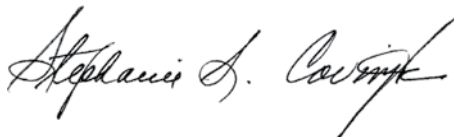
PREFACE

As we traveled around the country sharing *Exploring Trauma: A Brief Intervention for Men*, the result of our first collaboration, we heard many requests from those in attendance for a curriculum for boys. We were moved by the frustration and desire felt by the helping professionals who described their struggles while attempting to help male adolescents.

In his prior work with boys and young men, Roberto had adapted some of the sessions of Dr. Stephanie S. Covington's work, *Helping Men Recover* (with Dan Griffin and Rick Dauer). Given the positive results of this, along with the expressed need, it seemed natural that the creation of *A Young Man's Guide to Self-Mastery* should follow.

This work is demonstrative of our diverse and common experiences and of our desire to make a difference in the lives of boys, young men, and gender-expansive youth who experience the world from a masculine perspective. It incorporates many of the elements of Dr. Covington's prior work with men and women, which is supported by research and practice. It aims to help participants explore the effects of trauma and adverse experiences in their lives. It further helps them look at elements such as identity, emotional expression, grounding, communication, sexuality, decision making, and relationships.

We believe that we have created a curriculum that will help treatment providers encourage young people to make significant changes in their present and future lives.



Stephanie S. Covington, Ph D
La Jolla, CA



Roberto A. Rodriguez, MA
St. Paul, MN

INTRODUCTION FOR THE FACILITATOR

PART 1. TRAUMA IN THE LIVES OF BOYS AND YOUNG MEN

It seems as if we live in a traumatized society. More and more communities are experiencing crime and devastation in ways that we barely imagined a generation ago. More people are demanding respect, and fewer are able to be respectful of others and of others' backgrounds and opinions. Our children are subjected to bullying and violence in their schools, in playgrounds and parks, and on the street. There are security cameras and metal detectors in many of our public places, including schools and libraries. Even social media, which was designed to bring us closer together, has become more polarizing and dangerous. Cyberbullying has led many teenagers to harm themselves or to commit suicide because they could not bear the adverse experience of being criticized and harassed (Hinduja & Patchin, 2018).

More young people also are negatively affected by their home lives. Adverse conditions in the home include poverty, neglect, verbal and psychological abuse, physical abuse, sexual abuse, witnessing the abuse of another, discrimination, severe illness, death of a loved one, abandonment, and so on. Parents often are unaware that the effects of their divorces may not manifest in their children's lives until much later (Deshpande & Pandey, 2014). It has been shown that adverse conditions and trauma in childhood have negative effects on people throughout their lives and thereby affect their partners, families, and society as a whole (Felitti et al., 1998).

This program focuses on the effects of adversity and trauma on the lives of those raised as or who identify as boys and young men and is designed to help them to mitigate some of those effects, such as abuse of alcohol and other drugs.

It is estimated that approximately one out of 12 boys (ages 12–17) and one out of six young men entering early adulthood (ages 18–25) struggle with a substance use disorder (Substance Abuse and Mental Health Services Administration, 2017). Adolescent males seem to be less averse to risks and

tend to experiment with stronger drugs than their fathers were or did and are less likely to ask for help when struggling with substance use disorders (Hammerslag & Gulley, 2016).

Statistics seem to indicate that traditional treatment is less than effective in helping young men to achieve sustained abstinence leading to recovery from substance use disorders. One study cites relapse rates as high as 53% (Stokes, Schultz, & Alpaslan, 2018). Although multiple mitigating factors contribute to these dismal results (some of which are described later in this chapter), the underlying theme remains: The helping and the correctional professions are often not adequately addressing the needs of boys and young men (including trans boys and young men and nonbinary and gender-nonconforming people who have a masculine experience of the world) during the most daunting and confusing periods of their lives.

Reports of teenaged boys (primarily young men of color) clashing with police occur with more frequency, often ending in the death of the young men. Presently, there are approximately 62,000 boys and young men serving sentences in correctional facilities—many for drug-related issues (Hockenberry, 2013). It is estimated that the vast majority of these youths have experienced childhood trauma but will not receive individualized and comprehensive treatment for their disorders (Ahmad & Mazlan, 2014).

The aforementioned point to a glaring truth: Clearly, the War on Drugs is nowhere close to being won. We assert that this war is not winnable. We believe that an alternative to the current “war” paradigm is a trauma-responsive treatment program for boys and young men and that reaching out to young people and beginning to heal their wounds is the answer. We can do this only if we shift our focus to etiologies of disorders. We advocate that, rather than pouring vast amounts of resources in the aftermath of the next drug “epidemic,” we address the underlying causes—usually the adverse experiences that drive boys and young men to misuse drugs and engage in antisocial behavior.

The Need for a Trauma-Informed Program for Treating Substance Use Disorders in Young Men

As we have stated, troubling and often traumatic events affect a significant number of young people. Experiences of physical neglect; hunger; conflicts in the home (including domestic abuse); and physical, emotional, and sexual abuse are common experiences of the youth in our treatment groups. As can be seen in the following statistics, they also are exposed to more violence, more frequently, than their fathers were, which puts them more at risk of perpetrating violence on others.

- More than one in nine children are exposed to violence annually in the United States, and one in four children is exposed to family violence (Hamby, Finkelhor, Turner, & Ormrod, 2011).
- Male adults in Philadelphia were more likely than female adults to report emotional abuse during childhood (36.4% compared with 30.9%). Males also were more likely to report physical abuse during childhood, compared with females (40.2% versus 31.2%). Females reported sexual abuse at twice the rate of males (20.3% compared with 10.5%). Males and females were similarly likely to report physical and emotional neglect (The Research and Evaluation Group, 2013).
- Children exposed to family violence commonly experience other multiple adverse childhood experiences, including emotional, physical, and sexual abuse and neglect (Lamers-Winkelmann, Willemsen, & Visser, 2012).
- Within the US, approximately 16% of men and 25 to 27% of women report having experienced childhood sexual abuse. Those who experienced sexual abuse also had higher rates of childhood physical abuse, maltreatment, and neglect (Pérez-Fuentes, Olfson, Villegas, Morcillo, Wang, & Blanco, 2013).
- Teenage boys aged 12 to 14 are almost 2 times more likely than girls to be victims of violent crime. (*Child Trends Databank, 2015*).
- Children who experience childhood abuse and neglect are significantly more likely as adults to perpetrate criminal violence, abuse their own children, and commit intimate partner violence than are children without such histories (Milaniak & Widom, 2015).
- In 2019, the Stop Bullying Now Foundation, Inc., found: Sixty percent of middle school students said that they had been bullied, while 16% of staff members believed that students are bullied.
- More than 1,000 studies indicate that ongoing exposure to television violence during childhood increases aggressive and antisocial behavior, particularly in boys (Krahé, Möller, Huesmann, Kirwil, Felber, & Berger, 2011). This exposure has been shown to be more powerful than exposure to media displaying other types of content (Krahé, 2013). Similar results have been found with boys' consumption of violent images on the internet and through video games (Holtz & Appel, 2011).
- Men who view women being objectified in media images are more likely to engage in sexual coercion and sexual harassment of women (Galdi, Maass, & Cadinu, 2013).
- Lesbian, gay, bisexual, transgender, and gender nonconforming teenagers experience higher rates of bullying, physical and sexual violence, and drug use than do their heterosexual peers (*Centers for Disease Control and Prevention, 2015*).

- More than 40% of LGBTQ students reported seriously considering suicide, and 29% reported that they had attempted suicide during the past year (The Trevor Project, 2019).
- Ninety percent of all gang members are male. Gang-related offenses committed with firearms account for at least 95% of crime in gang-controlled areas. It is estimated that there are almost 800,000 gang members in the US (Egley & Howell, 2013).

The Impact of Trauma on Boys

Boys and young men, when prompted, often can describe values such as respect, trust, family, love, and loyalty (Lyons, 2002). Their ability to identify, express, and live in harmony with such values can be negatively affected by traumatic experiences. Over two-thirds of adolescents may have experienced at least one traumatic event by age 16 (Vaughn-Coaxum, Wang, Kiely, Weisz, Dunn, & Erin, 2018). Some youth may have been exposed to the effects of alcohol and other drugs prior to birth, which impairs inhibition and other brain functions necessary to the healthy development of self-concept (Handley, Chassin, Haller, Bountress, Dandreaux, & Beltran, 2011). Those who suffer adverse or troubling life events also experience significant impairment in neural development (Guerri & Pascual, 2019). This impairment can lead to trouble in critical thinking, trouble in reconciling emotional events, and anti-social behavior. In other words, trauma often affects the development of a child's *inner self*: the child's thoughts, feelings, beliefs, and values. As they struggle to adapt in harsh conditions, children may adopt behavioral and relational strategies to transcend these difficulties. Thus, trauma and adverse experiences significantly affect their *outer selves*: their choices, behaviors, and relationships. Our clients come from different ethnic, familial, and social cultures that significantly affect their emotional experiences (including historical trauma). They often take part in criminal and antisocial behavior as they attempt to fulfill their needs for safety and security.

The effect of trauma on the inner and outer self is further complicated by the dramatic neural, physical, and emotional upheaval naturally occurring during this stage of development. The typical adolescent male is caught up in a maelstrom of hormonal, social, and cultural shifts that would be difficult to deal with even in ideal conditions. Chances of atypical or disordered development increase exponentially in the midst of troubling experiences. In fact, for many youth, typical male socialization can be characterized as a series of traumatic events.

As we will discuss in more detail further on, boys are socialized to experience a limited version of masculinity. This version is now being called "toxic masculinity." It directs a boy to exercise control, power, and self-reliance.

It often forces a boy to go against his core sensitivity and feelings of humanity by committing abusive and violent acts in an effort to find safety and acceptance. This limited version of masculinity often rips away the sensitive side of a boy, leaving a wounded and incomplete being behind. Many young men's rites of passage include the commission of violent acts. An unfortunate outcome of this is the violence perpetrated on girls and boys of a different culture or different sexual identity or orientation.

If we are to be helpful to our clients, we must become not only culturally aware but also genuinely curious about what we may be missing in terms of cultural awareness. This curriculum provides continual opportunities for facilitators to become more cognizant of the differing and often shifting cultures of the clients they are trying to help. The experiential activities provided in some sessions enable facilitators to view life through the participants' eyes—to compassionately see their worlds.

There is a strong connection between childhood maltreatment and the use of mind-altering substances, which leads to substance use disorders (Martins, Cáceda, Cisier, Kilts, & James, 2018). Young people may begin using alcohol and other drugs as a means of escaping troubling situations, and this can be a significant barrier to their ability to remain abstinent and enter into recovery. Until very recently, most facilities that provided treatment for youth employed methods and practices that largely ignored the influence that adverse life experiences have on a person's ability to maintain abstinence. When you couple this evidence with the fact that many young clients enter treatment to practice situational or "forced abstinence" (Bell, 2001), it is not surprising that recidivism among this segment of the population is inordinately high.

Prevalence of Problems Associated with Trauma and Substance Use

The troubling and violent effects of trauma and substance use often are internalized and normalized by the young people we try to help. Many of our clients come from separated or single-parent homes, often characterized by dysfunction and coded sets of rules and boundaries that dictate all relational activity. Some of these coded rules are rigid and resist attempts at intervention. Some are fluid, inconsistent, and often changing, like the often-changing home situation. This can lead to a set of relational patterns that are at odds with the external systems our young clients are attempting to interact with. These clients often exhibit an inability to effectively navigate complex social rules and a lack of strategies conducive to success. This often manifests as behavior that is experienced by others as antisocial and oppositional. Some of our young men will go on to be fathers before they are developmentally ready, absentmindedly repeating the cycle of neglect,

abandonment, and abuse. They may cause physical and emotional pain to those they mean to love because they have no idea of how to help themselves or to help their loved ones to heal from the pain they've caused.

Self-identification can be a difficult task for even the healthiest of individuals. For many boys and young men, their concept of self is based on adults', teachers', and peers' evaluations of their abilities (Molloy, Ram, & Gest, 2011). Adolescents who struggle with substance misuse and dependence can face more difficulty in identifying the "self," because many of them have learned from unhealthy and trauma-affected male role models. Developing a sense of self can be even more complicated for trans, nonbinary, and gender nonconforming youth. The frequent violence, abuse, and degradation that result from exposure to criminality, rejection, and judgment as part of a young man's involvement with chemical use can significantly affect the way in which he perceives and experiences his self.

When we can look beyond their behaviors to the experiences they've been through, we can begin to compassionately see their worlds, to mindfully and curiously walk their steps with them, and to begin to help them develop more effective ways to recover from trauma and substance use disorders. This is why it is important to continue to develop innovative and trauma-responsive methods of intervention that are able to engage these young people in exploring the effects of adverse life experiences and trauma in their lives. We believe this curriculum can begin to fill this need, and that the participants can benefit from exploring substance misuse and other mental health disorders in ways that are more effective than traditional treatment.

Gender and Developmental Awareness Principles

Recently, we have begun to reconnect with the idea that there are boys' issues and men's issues. Boys live in a world that is complicated as they attempt to navigate their psychological and physical development. As we look for ways to provide a transformative experience for young people, it is essential that we consider gender and developmental factors. The techniques described in this curriculum are meant to create an atmosphere of safety and of mutual learning. Constant awareness of our roles as creative partners, models, and mentors is necessary as we engage in genuine curiosity about our clients' experiences, while diminishing the inherent power-differential often perceived and experienced by them. Our effectiveness as helpers may be enhanced when we pay close attention to adolescent developmental stages and how these affect the ways in which boys and young men (including trans boys and young men and nonbinary and gender nonconforming people who have a masculine experience of the world) receive and process the material presented to them.

Early on, Piaget (1932) identified a period between the ages of 11 and 14 as a tumultuous one for a boy, characterized by significant self-consciousness, feeling as though his actions and looks are constantly being scrutinized, believing that his thoughts and feelings occur only to him, rigidity of ideals, and emerging feelings of invincibility that often lead to excessive risk taking. A boy who is attempting to process data and emotions in this stage of development may find it difficult to accept the traditional concepts of powerlessness and surrender and the cautionary tales often presented in traditional treatment for substance use disorders. Conversely, boys at this stage of development often begin to establish the “should” of morality—that people should do the right or fair thing. They may begin to assign blame to others based on motives, not necessarily consequences, while also having difficulty accepting the blame for poor choices based on their own motives. In general terms, a boy of 13 may process and conceptualize much differently than a young man of 18. In middle adolescence (ages 15 to 17), as a young man begins to develop what Piaget calls “formal reasoning” cognitive abilities, he may be able to consider multiple possibilities and consequences for his behavior.

Of course, developmental stages often can be blurred and fluid. A young man may look a certain age yet be at a much younger stage of cognitive and emotional development. However, a young boy may have been exposed to behaviors and views often associated with adulthood. He may have become sexually active and may have taken part in illegal and antisocial behaviors while not yet equipped cognitively and emotionally to process them effectively.

Another complicating factor in determining emotional and cognitive development is the effect of mind-altering substance use on the brain. Recent research continues to provide indications of the significant changes to different structures of the adolescent brain associated with attention, memory, and executive functioning resulting from substance use (Bava & Tapert, 2010).

As we review material, assign tasks, and present interactive lectures, we must be continually on the lookout for manifestations of these dynamics. In this curriculum, we offer suggestions for dealing with these possible dynamics, using Vygotsky’s (1978) “zone of proximal development or scaffolding,” which refers to the exposure to and exploration of tasks just beyond one’s reach as being an effective way to facilitate learning and increase self-efficacy. We discuss this in more detail as we explore the design of the program and its facilitation.

Many young men belong to social groups that lead to the creation of norms and expectations about how they are supposed to behave. As a boy or young man attempts to make sense of who he is and wants to be, racial and gender identity are very important to him, and each plays a role in how he adjusts to his environment (Rogers, Scott, & Way, 2015, p. 407). The participants you work with may have distorted views on race and/or gender, making it difficult for them to safely engage in talking about either.

This program incorporates research and new understanding about gender and gender roles. In the past, gender was discussed primarily as being binary: male or female. We now know that—as with many complex aspects of humanity—there is a range of gender and gender expression. Young people, especially, find a variety of ways to express gender. This has created new terminology, such as “gender fluid” and “nonbinary.” In addition, some people prefer to use the pronouns “they,” “them,” and “their” rather than “he,” “him,” and “his.” (This is addressed in Session One.) Appendix 6, “Redefining Gender,” contains some of the newer gender language.

This issue can be challenging for treatment providers. Our suggestion is that facilitators clearly state which pronouns are appropriate for them and that they give each group member the opportunity to do so as well. This will be an important first step in establishing an atmosphere of safety and the practice of respect for all people involved in this work. However, it is also important to be mindful of the level of safety in your agency or institution. It may not be safe for individuals to identify as anything other than what is traditional or what is normed in your facility. As a facilitator, one of your tasks is to assess the overall safety level in your agency/institution and then to act accordingly while remembering that each individual has to make the decision about what is or is not an acceptable level of risk.

This curriculum is intended to help create an experience of respect, curiosity, and compassion, not a mere depository and processing of information. We are meant to balance exploration of oftentimes painful and horrific experiences with highlighting or rediscovering inner strengths, which can lead to transformative experiences.

One difficulty in studying adolescence is the definition of the period itself. It is somewhat variable but specific in its beginnings with the physiological changes of puberty; it is highly variable and nonspecific in its end. If the termination of adolescence were to depend on the attainment of a certain psychosocial position, the formation of an identity, then, for some, it would never end.

—James E. Marcia

PART 2. THEORETICAL FOUNDATIONS

A Young Man's Guide to Self-Mastery is designed to help group participants learn about the effects of socialization, troubling experiences, and substance use on their lives. In order to help them effectively, it is important to have a theoretical foundation to guide our efforts. This curriculum is based on theories related to adolescent psychological development, attachment, temperament, resilience, addiction, and trauma. It also makes use of relational-cultural theory and the social ecological model as a means of helping participants explore the influential factors that affect their experiences.

Theories of Adolescent Psychological Development

Many theorists have contributed to the study of adolescent development, including G. Stanley Hall (1904), who focused on physical and sexual developmental factors; Erik Erikson (1966), who concentrated on identity formation—the struggle between achieving identity and identity diffusion; Inhelder and Piaget (1958), who studied formal operational thought—the movement beyond concrete and actual experiences and the beginning of being able to think in logical and abstract terms; Urie Bronfenbrenner (1977), who theorized about the influence of family, peers, religion, schools, the media, the community, and world events on adolescents; and Margaret Mead (1970), who focused on culture and its influence.

For our work, we rely much on the work of Albert Bandura (1986), who concentrated on the relationship between social and environmental factors and their influence on behaviors (children learning through modeling). Bandura's *Social Learning Theory*, renamed *Social Cognitive Theory*, expanded on the views of classical and operational conditioning by adding that (1) behavior is learned from the environment through the process of observational learning and (2) a mediating process occurs between stimuli and response. In other words, children will closely observe the behaviors of models (parents, teachers, peers, and those in the media). They will imitate these behaviors and choose to imitate those models that they perceive as similar to themselves. The behaviors will elicit a response that is either a positive or negative reinforcement, which can be external (receiving praise or reward) or internal (feeling good about the praise or reward). However, children may not imitate behavior without first observing what happens to others who adopt the behavior. This suggests that cognitive processes intervene in the observational learning process. Bandura's model helps us to remember the importance of being relatable and of modeling genuine care and compassion for those whom we attempt to help.

In her exposition of *Relational-Cultural Theory*, Miller (1976) highlighted the lack of representation of women's perspective in the psychological and treatment fields and focused on the importance of connection for women. Later work indicates that connection is an important aspect of development for all people (Miller & Stiver, 1997). All humans yearn for connection. Inner and outer personal growth occurs through and in relationships. Male socialization often is in direct conflict with intimate connection, and we use this theory to help highlight for them what may be missing in their relationships that can hamper their full emotional and social development.

The social-ecological model helps participants explore the full context of their experiences. Experiential activities help them to explore the effects of their personal, familial, relational, and social realities and the effects that these have on their development of adaptive strategies. In other words, it helps them to make sense of their behaviors in a way that is less shaming and not pathologized while providing an opportunity to explore realistic alternatives. To this end, we place less emphasis on clinical knowledge and more emphasis on personal connection. More attention should be placed on providing a safe and nurturing environment in which participants can explore the possibility of change. Although we strongly urge that you maintain the fidelity of the curriculum in order to promote desired outcomes, it is also critical to remember that the psychological and emotional environment is of utmost importance.

Bowlby's work on *attachment* (1988) serves to emphasize the need for at least one primary caregiver in a child's life who is considered a constant bond. Children need to form this sort of relationship and are hardwired at birth to do so. If a child experiences care and love from the caregiver, he forms a positive and loved image of himself, which leads to secure attachment. If the caregiver's behavior causes him to feel unloved and rejected, the child will form an avoidant attachment style. If the child has to deal with continuous anger and confusion, he may develop a resistant attachment style. It is important to remain aware of this theory while working with the participants in this program. Often, you as a facilitator may be the first person who, by providing a safe environment and role modeling, can demonstrate unconditional care and provide the environment for a secure bond with a helper.

Of course, how a person relates with the current environment, interacts with others, is affected by experiences, and forms bonds is greatly influenced by that person's temperament (Thomas, Chess, Birch, Hertzog, & Korn, 1963). According to this branch of attachment theory, temperament is inherent. Babies demonstrate temperament early, in the ways in which they interact with others and their environments, and can be classified as "easy," "slow to warm," and "difficult." Viewing participants through this lens

may help you to reinterpret some of the actions you might have perceived as nonengaged, compliant, or resistant. We prefer the terms “unsure,” “adaptable,” and “fighter” when describing those we mean to help. This curriculum provides interactive ways in which participants can determine for themselves what roles their temperaments play in their interactions with the world and how they can be more aware of how these may affect their recovery.

Current studies point to the need to focus on participants’ social, emotional, and behavioral skills (Wood & Brownhill, 2018, p. 172). Many of your participants will come from domestic, scholastic, and social environments in which these skills were not fully developed. Many boys grow up lacking fathers and/or stable male models in their lives, so they do not know appropriate ways in which to relate to other males (Golombok, 2000). They may have grown up in large families in which there was a low income, poor nutrition, and lack of supervision. Such conditions can affect a boy’s development in terms of how he experiences relationships and his ability to deal with difficult situations (Theobald & Farrington, 2012, p. 1248). You, as a facilitator, may be thrust into the role of surrogate father figure for many of your participants, so it is essential that you model respectful and appropriate relationship skills.

Language and expression, particularly when emotionally compromised, are difficult for many of the young people we try to help (Timinski, 2012, p. 34). Their often-inappropriate ways of expressing feelings (especially anger) can be construed as acting out. Their extended periods of silence when questioned can be interpreted as resistance or passive aggressiveness. More often than not, these behaviors point to a deficit in expressing difficult feelings. Typically, communication with males who appear authoritarian and out of touch is difficult for boys and young men. This presents a challenge as well as an opportunity for you to develop as a communicator. The most helpful thing you can do is to be genuine and accessible.

Another important factor to consider and emphasize when working with youth is their capacity to recover from difficulty and to bounce back from adversity. Although this may sometimes be a hinderance to their consideration and acceptance of consequences, it is a factor that needs to be explored. The worse thing we can offer boys and young men in trouble is pity. Expressing hope in their abilities to overcome obstacles, setting firm yet loving boundaries, and pushing to help them access their innate resilience are far more valuable gifts. This curriculum uses interactive lectures and activities to highlight and enhance the participants’ awareness of their own resilience and inner strengths and to help them to consider their assets as well as what may be missing. Both facilitate post-traumatic growth.

Trauma

Trauma is a response to violence or some other overwhelmingly negative experience. It can happen in many ways: through the oppression of an entire group of people; through discrimination based on gender, race, poverty, sexual orientation, gender identification, disability, or age; as a result of emotional, physical, and/or sexual abuse; and as a result of crime, war, natural disaster, and political terrorism.

The *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-5*, defines trauma as exposure to actual or threatened death, serious injury, or sexual violence in one or more of four ways: (1) directly experiencing the event; (2) witnessing, in person, the event occurring to others; (3) learning that such an event happened to a close family member or friend; and (4) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders. In addition, this event, regardless of its source, causes significant distress or impairment in the individual's social interactions, capacity to work, or other important areas of functioning (American Psychiatric Association, 2013, pp. 271–280).

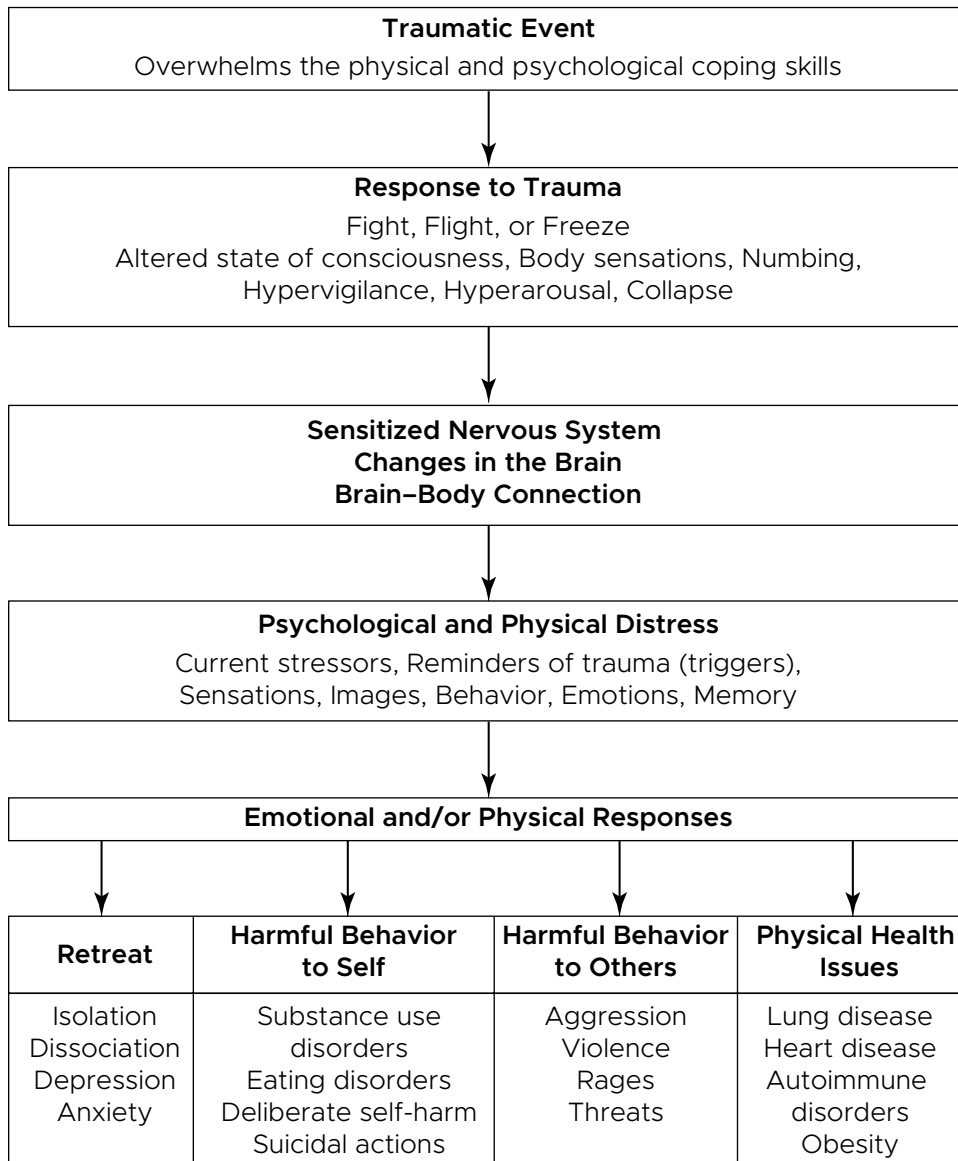
Trauma occurs when an external threat overwhelms a person's coping resources. The threat of abuse or violence, or witnessing abuse or violence, also can be a traumatic experience. As mentioned previously, the type of trauma that we address in this program occurs as a result of participants having experienced toxic stress, neglect, abuse, violence, and other adverse experiences.

Learning how to cope with adversity is an important part of healthy development. Moderate, short-lived stress responses in the body can promote growth. However, toxic stress is a strong, unrelieved experience that can negatively affect healthy development, particularly in a child. Without caring adults to buffer children, the unrelenting stress caused by extreme poverty, neglect, and/or abuse can weaken the developing brain and have long-term consequences in terms of behavior and physical and mental health (National Scientific Council on the Developing Child, 2014).

The Process of Trauma

The young people in your group may be at various stages of facing and dealing with their traumatic experiences. Some will remember instances of abuse or violence quite accurately, some will remember only certain aspects, and some will not remember anything. Some will talk openly about their experiences right away, and some will not. Because they will be at different stages and because they will all need to feel a sense of safety, you will begin by normalizing the process of trauma. The following chart helps to explain this process:

The Process of Trauma



Source: S. S. Covington (2016). *Beyond trauma: A healing journey for women* (p. 187). Center City, MN: Hazelden.

Common Responses to Trauma

A traumatic event can affect a person in multiple ways. It can affect both the inner self and the outer self. As has been mentioned, the inner self includes one's thoughts, feelings, beliefs, and values. For example, some boys and young men may have been—or witnessed others being—humiliated or shamed for showing fear, other emotions, or deep sensitivity. These experiences can shape the way a boy feels about himself.

Trauma also can affect the outer self, which consists of one's relationships and behavior. Many boys' traumatic experiences have led to their limited

senses of masculinity, causing them to mistrust others or to isolate themselves, which negatively affects their chances of experiencing close relationships.

The first response that a person has when experiencing a traumatic event is the urge to fight, flee, or freeze. This response is accompanied by physical and psychological reactions, such as hyperarousal, hypervigilance, altered consciousness, numbing, and changes in the brain.

Experiencing traumatic events places a person's nervous system at risk through sensitization, making it vulnerable to any future stressors. Although it is expected that boys who have experienced traumatic events experience feelings of intense fear, humiliation, helplessness, and anxiety, they may describe their feelings as frustration, anger, and restlessness. Your task as a facilitator is to help them accurately identify their emotions and relabel them as normal responses to abnormal or extreme situations.

People can be triggered by reminders of a past traumatic event, which creates a painful emotional state that may affect their subsequent behaviors. The behaviors can manifest in four categories: retreat, harmful behavior to self, harmful behavior to others, and physical health issues.

Although youth raised as girls often internalize their feelings and are more likely to retreat or be harmful to themselves, those raised as boys often externalize their feelings and are more likely to engage in outwardly harmful behaviors.

Triggers and Retraumatization

A trigger is a stimulus that sets off a memory of trauma. That is, a single environmental cue related to the trauma—such as a noise, a sound, a smell, or another person's presence—can trigger a full fight-flight-freeze response. Triggers can come from sensations in the body, feelings, and memories. Triggers can originate from images in one's mind, visual or other environmental cues, one's own behavior, or the behavior of another. Sometimes these are called activators or re-activators.

Although triggers are inevitable, retraumatization is not. Because participants may be naturally triggered in a therapeutic group setting, attention should be paid to increasing the participants' attention to triggers, their ability to engage in self-care, and their coping skills for managing emotional distress (Najavits, 2002). It is very possible that some participants in your group may be undergoing current abuse. As you get to know your participants individually and collectively, you should consider signs that indicate triggering or retriggering as well as strategies for appropriate interventions. Because some participants may experience triggers in a therapeutic group setting, this program includes ways to increase their resilience and their coping skills and to help them better integrate into the group experience.

Trauma survivors often struggle with setting appropriate boundaries. They may struggle with expressing their opinions and may not be adept at expressing objections. Traumatized individuals also may overrespond to neutral cues and underrespond to danger cues.

Dissociation and Grounding

As a response to trauma, particularly during childhood, individuals often learn how to separate from their distress by using a psychological response called “dissociation”: a process that disconnects the mind and the body. As a facilitator, you may notice a participant developing a non-focused stare. He may be physically present but may mentally “leave” the group periodically. Another behavior that could be classified as dissociation and is often seen in boys during uncomfortable moments is a display of inappropriate language and/or whispered “cross-talk.” Boys may learn to deflect discomfort with aggressive expressions and crass humor. These defense mechanisms have served a beneficially perceived purpose for boys facing adverse experiences in the past. You will have to help them find more effective ways of engaging, and they will have to be mindfully encouraged to “be present.” To supplement your facilitation skills, this curriculum includes methods for decreasing dissociation that consist primarily of teaching participants grounding skills that will help to ensure that they have the ability to calm themselves and to manage their distress. You will teach these grounding and self-soothing skills throughout this program.

Trauma and Substance Use Disorders

Past, recent, or current personal experiences with traumatic events drastically increase the likelihood that a youth will experiment with drugs or suffer from substance use disorders. In fact, a history of family violence may be the most influential risk factor for substance use disorders. Survivors of traumatic experiences can become dependent on alcohol and other drugs in part as a way of managing their trauma symptoms and reducing the tension and stress from living in violent situations. Because some boys and young men may have been socialized to deal with stressors in explosive and destructive ways, they also are more prone to perpetrating violence on others. This factor is compounded when they live with others who abuse substances. They may be caught in a cycle of violence or victimization involving the use of alcohol and other drugs, interrupted emotional development, limited coping skills, more substance use, and increased propensity for further violence, victimization of self, or victimization of others.

Trauma-Informed and Trauma-Responsive Services

Trauma has become so prevalent in our society that anyone who works with people in a therapeutic way needs to become trauma informed, that is, to have a basic understanding of trauma and its effects. Trauma-informed services are those that consider the knowledge about violence and its impact on the lives of young people. A trauma-informed facilitator is much more effective in providing services but also needs a trauma-informed staff and administration to make the program effective.

Trauma-responsive services incorporate knowledge about trauma into the environment and culture of the agency (Covington & Bloom, 2018). According to Fallot and Harris (2008), trauma-responsive services do the following:

- Take the trauma into account
- Avoid triggering trauma reactions or retraumatizing the participants
- Adjust the behavior of facilitators and staff members to support a client's coping capacity
- Help survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from the services

Becoming trauma responsive is a culture change that creates a safe, supportive, and empowering environment for both clients and staff members.

The Therapeutic Environment

The term “trauma specific” refers to programs and services provided for trauma survivors. They address the effects of trauma on an individual's life and are designed to treat the actual consequences of trauma. This program is a trauma-specific intervention focused on recovery and healing. Such an environment contains the following core elements or values in becoming trauma informed and trauma responsive (adapted from Harris & Fallot, 2001):

- *Safety* (ensuring physical and emotional safety)
- *Trustworthiness* (maximizing trustworthiness, modeling openness, maintaining appropriate boundaries, and making tasks clear)
- *Choice* (emphasizing individual choice and control)
- *Collaboration* (equality in participation, sharing of power, and creating a sense of belonging)
- *Empowerment* (striving for skill building and affirmation of personal power)

Creating Safety

Safety is a critical element in trauma work. A therapeutic program should be aimed at undoing some of the prior damage so that safety with oneself and with others is most important. The participants in the program need to feel safe in order to learn and grow; therefore, the environment should create learning opportunities for everyone involved (Bloom, 2000).

There also are some specific considerations for facilitation in a juvenile or adult justice setting noted in this section. The environment in many correctional settings is particularly challenging for youth with histories of trauma, and the therapeutic process will be unsuccessful if the setting mimics the behaviors in the dysfunctional environments the participants have already experienced.

Facilitators can help the participants to feel safe by trying to keep the treatment program free of physical, emotional, and sexual harassment. Teaching them self-soothing and grounding techniques is part of creating safety.

It also is important to be mindful of the inherent facilitator-client power differential expected by boys engaging in a group experience for the first time or by young men who have experienced more traditional treatment settings. It is possible that some of those who participate in this curriculum will have been referred to you after multiple (and maybe not trauma-informed) treatment experiences. They may be currently engaged in the legal system and responsible to probation officers, child protection services, social workers, and/or other overseers of their conduct. They may initially perceive you as yet another part of what they see as an oppressive and often humiliating system. The challenge for you as a facilitator is to increase a sense of safety, nurturing, collaboration, openness, and empowerment while decreasing the perception (or reality) of the power differential—without sacrificing safety and proper boundaries. You will have to employ person-centered approaches to help the participants feel safe.

A crucial element of successful trauma-responsive treatment involves close attention to and strict avoidance of the following (Fallot & Harris, 2008):

- A chaotic treatment environment
- Disruptions in routines
- Secrets in the group
- Dishonesty and breaking integrity
- Violations of people's boundaries
- Minimizing, discrediting, and/or ignoring a participant's responses

- Not listening to a participants' questions or concerns (because we interpret them as sounding aggressive or resistant)
- Not displaying trust and belief in the group participants
- Labeling intense rage and other feelings as pathological
- Conducting urinalysis or searches in a nonprivate and disrespectful manner
- Rigid agency policies that do not allow for meeting a participant's individual needs
- Agency dysfunction

It is important to acknowledge that traumatic events, particularly abuse and violence, can occur in correctional settings and treatment facilities, as well as in society at large. Although you cannot ensure a participant's safety outside the group, you can maintain an atmosphere of safety within the group. Establishing a set of group agreements helps to achieve this. One of these agreements involves confidentiality.

Confidentiality is essential for a sense of psychological safety. What is said in the group remains in the group unless it involves a threat to a participant's safety or that of someone else. In order to help ensure confidentiality in a justice setting, you may need to provide time in each session for the participants to do their workbook activities. There may also be a way for you to store their workbooks, so they don't have to worry about having them read by others.

Dealing with Current Trauma

In addition to past trauma, some of the participants currently may be exposed to traumatic situations. The participants need to know it is safe to talk with you about what they are doing or experiencing, even if they don't currently see a way to change it. The young people you help may be experiencing or perpetrating abuse in current relationships. The most challenging and important message you can deliver is that there is no excuse for interpersonal violence, along with compassion for their past experiences and belief in their strengths and ability to change. Doing this effectively will help create a sense of hope and empowerment they may have never felt before, while helping them to see ways out of the vicious cycle of violence and abuse.

Of course, it's important to consider mandated reporting guidelines and other limits of confidentiality and to mention these to the participants in your groups. Here you will walk a delicate balance between creating an open environment conducive to participants being vulnerable and not having them perceive that they are being punished for doing so. The requirements of current laws should be discussed in the first group session, because they may pertain to any particular situation.

PART 3. THE PROGRAM

A Young Man's Guide to Self-Mastery consists of a *Facilitator's Guide* and an interactive *Participant's Workbook*. It has been created to help participants explore issues relevant in their world in an environment of respect, mutuality, and compassion. The program uses strength-based approaches designed to help them explore self-mastery, which can lead to different interactions with their surroundings. It can be used in outpatient and residential treatment centers, schools, correctional facilities, and private practice. It also can be adapted for use with individual clients.

In addition to this introduction, intended to provide you with a basic understanding of the issues that boys and young men typically face, this program contains fourteen sessions: an introductory session and thirteen topical sessions. The topical sessions are within four modules: *Myself*, *Communication and Connections*, *Relationships*, and *Healthy Living*. Each module provides introductory material for the facilitator that describes theoretical concepts and offers guidelines for conducting group sessions and group activities. Each session is similar to a lesson plan and provides the structure and content for each topic. There also are eight appendices. They contain supplemental materials for activities and additional consideration in the sessions. At the end of this guide is information about the authors and a feedback form.

The primary focus of this program is education and insight building, so it is deliberately limited in the area of processing. Although sessions include exploratory and process questions, you will encounter difficulty in timely delivery of all the material if you engage in extensive processing. Further processing could be accomplished through individual sessions or other supportive means. After completing this program, the participants you help will have a clearer understanding of how socialization, culture, trauma, and substance use may have affected them and, more important, how to transcend these difficulties through the use of their inner strengths and their present resilience.

Each session is designed to take two hours. However, you can adapt this to your setting. You may offer a break between the two hours. Or, if your schedule requires one-hour groups, you can select activities for a one-hour session (preferably while doubling the number of sessions).

The suggested number of participants for a group is between 8 and 10. Ideally, each group would be a closed group, meaning that the program would be closed to new participants after the first session so that the entire group begins and ends together. This helps to establish connection within the group. The material in this program builds from session to session, and