

Lewis & Clark College
Graduate School of Education and Counseling
Counseling Psychology Department

CPSY 590-01: Engaging Boys and Men in Counseling and Education



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Time and Place

Monday, 09:45AM - 12:45PM

Spring term, 2014, 01/06/2014-02/10/2014

Room TBA

Required Texts

Holly Barlow Sweet (ed), (2012) *Gender in the Therapy Hour: Voices of Female Clinicians Working with Men*, Routledge, NY, 978-0-415-88552-2 (available in bookstore)

Grant, S., Hiton, H., & Mortola, P., (2008) *BAM! Boys Advocacy and Mentoring: A leader's guide to facilitating strength-based boys groups: Helping boys make better contact by making better contact with them*. Routledge, NY (available on loan in class)

Catalogue Description and Course Goals

Research has demonstrated that a significant number of boys and men are struggling with engagement: with emotions, within social relationships, and with meaningful progress in their own education.

At the same time, many professionals in education and counseling are challenged with the ability to stay in good and helpful relational engagement with boys and men: with understanding both the social and biological influences on their development and with knowing how to connect with boys and men in ways that help them stay connected.

This course challenges adults who work with boys and men to see them in new ways and to develop skills that will help boys and men to be more interpersonally engaged within counseling and educational settings. Course goals for participants include:

- a. Engaging with the research and theory regarding the issues boys and men face in counseling and educational contexts
- b. Engaging with the research and theory regarding the social and biological influences on male development and implications for practice within counseling and education settings.
- c. Engaging with the research and theory regarding the relational style common to many men and understanding the opportunities and challenges this relational style offers.
- d. Applying concepts from the readings and the course to one's professional and personal life through written and shared papers required for course credit.

Course Requirements

Pre-Write Paper: Reflective Paper 1

You will be asked during our first class meeting to write a 2-3 page Pre-Write including:

- Please describe what interested you in this class and what you hope to get out of this class?
- Please address 3c and 3d in the *Reflective Paper Grading Guidelines* (see page 5).

Reflective Papers 2, 3, 4, and 5

You are also asked to write a reflection paper for week 2, 3, 4, and 5, due at the start of each class. These 3-page papers reflecting on the course readings will include all aspects of the *Reflective Paper Grading Guidelines* (see page 5).

Class Attendance, Participation, and Make Up Assignments

Because of the importance of our in-class time together, regular and timely class attendance and engaged participation are expected and will be assessed and feedback will be provided. Missing more than one class period during the term may result in an incomplete or failing grade for the class. Due to its importance in setting up the term, students must drop the class if the first class session is missed. Please contact me prior to class or due dates regarding any absences from class or problems with assignment deadlines. Please notify the instructor of any special learning considerations in relation to the American Disabilities Act that will need to be taken into account. Any missed class time of significance will require a standard make-up assignment, due the following week: An additional 3-5 page paper in which you describe what you learned from interviewing two or more individuals who attended the class time you missed. You will also be required to schedule a meeting with the professor for additional relevant make-up assignments.

Course Assignment Point Totals

In-Class Pre-Write: Reflective Paper 1	10 points
Reflective Paper 2	20 points
Reflective Paper 3	20 points
Reflective Paper 4	20 points
Reflective Paper 5	20 points
<u>Class Attendance and Participation</u>	<u>10 points</u>
Total possible points	100 points

CPSY 514: Class structure and activities by week

	Topics/Readings/Assignments
1 Jan 6	<p><u>Topic</u> Engaging boys and men: Data and issues</p> <p><u>Readings (in class)</u> Syllabus BAM! Boys Advocacy and Mentoring, <i>Part 1: Introduction</i></p> <p><u>Assignment</u> Pre-write paper and discussion</p>
2 Jan 13	<p><u>Topic</u> A different kind of contact: Aspects and approaches to a common male relational style</p> <p><u>Readings</u> BAM! Boys Advocacy and Mentoring, <i>Part 2: Example, Part 3: Instructions</i> 1 <i>Women Working With Men: Challenges and Opportunities</i> 3 H.B. Sweet 2 <i>Starting and Ending Psychotherapy With Men</i> 19 June Martin 3 <i>Gender Matters—Transference, Countertransference, and Men</i> 43 J.F. Logue</p> <p><u>Assignment</u> Reflection paper 1 and discussion</p>
3 Jan 27	<p><u>Topic</u> The strong type: Aggression, activity, reading and literacy</p> <p><u>Readings</u> 4 <i>Ethical Considerations in Working With Men</i> 67 Melba J. T. Vasquez 5 <i>Couples Counseling</i> 91 Roberta L. Nutt 6 <i>Practicing Gender-Aware Therapy: New Clinician's Perspective</i> T. Morse 103 7 <i>Coaching Men</i> 125 Carolyn Steigmeier</p> <p><u>Assignment</u> Reflection paper 2 and discussion</p>
4 Feb 3	<p><u>Topic</u> The silent type: Emotion, sexuality, shame and speaking</p> <p><u>Readings</u> 8 <i>Working w/ Men in the Minority: Multiple Identities...</i> 149 C. de las Fuentes 9 <i>Counseling Depressed Men: Making Darkness Visible</i> 171 Holly Barlow Sweet 10 <i>Strength-Based Psychotherapy With Fathers</i> 197 Dora Chase Oren 11 <i>Understanding Men's Issues: Assessing/Treating Men Who Are Abusive</i> 215</p> <p><u>Assignment</u> Reflection paper 3 and discussion</p>
5 Feb 10	<p><u>Topic</u> Approaches to indirect work, physical activity, strategic storytelling</p> <p><u>Readings</u> 12 <i>Working With Traditional Men in the Military: Dealing With Trauma</i> 235 13 <i>Psychotherapy With Older Men</i> 253 Karen M. Wilbur 14 <i>Women's Voices Together</i> 269 Holly Barlow Sweet <i>Afterword: Impact of Therapy With Men/Male Perspective</i> 281 F.E. Rabinowitz</p> <p><u>Assignment</u> Reflection paper 4 and discussion, Course Evaluations</p>

About Writing

Hello Peter. Thank you for your message. I just tried to call you, but I got voicemail. In our paper screening, we selected 5 out of 10 to interview. In Mary's case, there were misspellings/typos in her letter - which concerned us. If you strongly believe she's a star, we'll reconsider and add her to our interviews on Thursday. I realize that paper screening isn't always the best process. We chose not to interview all 10. Any direction you wish to provide is strongly appreciated! Gratefully, Antonia

Writing can help you better integrate your thoughts, feelings and actions regarding both your personal and professional development. That is, good writing reflects a conscientious and sustained effort to make clear and visible your thoughts and feelings about a topic and how you should act as a consequence of these reflections. Clear writing is a result of a reiterative and editorial process. Please strive to meet the following standards that we set for all writing assignments in this class.

Reflective Paper Grading Guidelines

1. Author uses clear and effective use of spelling, punctuation, and grammar in communicating ideas. Paper is typed. Spacing between lines is 1.5. Paper is preferably printed double-sided. Each paper is approx. 3 pages long. (3 points)
2. Author uses clear and effective construction for meaning at all levels (sentence, paragraph and whole paper) with helpful transitions between each provided. (3 points)
3. All sections of the paper described below are present and well-articulated (within and between):
 - a. Cover page (1 point)

Include paper title and number along with your name. Please staple your paper. No covers or folders please.
 - b. Opening (2 points)

Describe what do you intend to address in the paper and why.
 - c. Body (12 points)
 1. Include at least two substantial and related quotations from at least two class readings for the week (at least two quotes total, at least 40 words or more, indented ½ inch).
 2. Describe what interested you about the quotations and how they are related in your thinking.
 3. Detail whether you agree with the thinking in the quotes or not and explain in what ways they may be helpful or not helpful in your work with boys and men.
 - d. Closing (2 points)

Describe the ways in which your thinking about boys and men is becoming more complex or has been challenged by this week's readings and class discussions.
 - e. Proofreading paragraph (1 point)

Identify the classmate who proofread your work and what you learned in the proofreading process.
 - f. References (1 point)

Use APA format for all within text citations. You do not need to include a separate reference page if you cite only course texts.

Bibliography

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- Bullis, C., & Horn, C. (1995). Get a little closer: Further examination of nonverbal comforting strategies. *Communication Reports, 8 (1)*, 10-17.
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- Chu, J. Y., & Way, N. (Eds.) (2004). *Adolescent boys: Exploring diverse cultures of boyhood*. NY: New York University Press.
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- Newberger, E. (1999). *The men they will become*. NY: Perseus Books.
- Northeastern Wisconsin In-School Telecommunications. *What's up with middle school guys*. [Video] (2420 Nicolet Drive, Green Bay, WI 54311)
- Oaklander, V. (1978). *Windows to our children: A gestalt therapy approach to children and adolescents*. Highland, NY: *The Gestalt Journal*.
- Pollack, W. (1998). *Real boys*. NY: Random House.
- Sax, L. (2005). *Why gender matters*. NY: Doubleday.
- Smith, M. & Wilhelm, J. (2002). *Reading don't fix no Chevy's: Literacy in the lives of young men*. NH: Heinemann.
- Soifer, D. (2002). *Special education reform 2002: Where to begin?* VA: Lexington Institute.
- Tannen, D. (1990). *You just don't understand*. NY: Morrow.
- Thompson, M. (2000). *Raising Cain*. NY: Ballantine.
- Thompson, M. From PBS Raising Cain Website <http://www.pbs.org/parents/raisingboys/aggression.html>
- Woods, E. (1996). Associations of nonverbal decoding ability with indices of person-centered communicative ability. *Communication Reports, 9 (1)*, 13-22.

Men and women leading groups

How we draw boys in

How we build relational skills

Applications to different settings

Balancing fun and safety

Avoiding shame

What are your concerns?

Middle school boys

Raising Cain – reading

Pollack

Card activity

Introduction and Overview

Where BAM! stands

Cards activity

Boys closing card activity and video

“Three things” overview

Socialization, The Gender Box and Strategic Storytelling

Pink shirt story

Box activity

Birthday party story

Strategic storytelling

Engagement, Contact, Indirect Work, Avoiding Shame

Early failures

Contact and Boys contact style

Into the woods

Haunted house tears

20/20, Boys and shame

60 second auto: hoodie story

Systemizing, and Special Ed, Reading and Literacy

Boys, cars, systematizing, autism, special ed

Treasure hunt

Trust fall activity

UPS truck story

Boys and reading

Aggression and Activity

Boy hug

Boys, aggression, and activity

ADHD, recess, social skills

Girls and aggression

GEM! Differences

10) Boys Group Closing and Data

“out of the woods” group closing

Data from PSU study

Many studies from industrialised countries report that women are consistently more likely to use outpatient mental health services than are men. Men may seek care at a later stage after the onset of symptoms, or delay until symptoms become severe.

Gender stereotyping may also lead to under-diagnosis of mental health problems in men. Studies from Germany and the US found that elderly women were likely to be given the diagnosis of depression more often than elderly men when presenting with the same symptoms. Another US study found that male sex was one of the attributes associated with a lower likelihood of being diagnosed with a mental health problem by primary care physicians.

In childhood, most studies report a higher prevalence of conduct disorders, for example with aggressive and antisocial behaviours, among boys than in girls.

During adolescence, girls have a much higher prevalence of depression and eating disorders, and engage more in suicidal ideation and suicide attempts than boys. Boys experience more problems with anger, engage in high-risk behaviours and commit suicide more frequently than girls. In general, adolescent girls are more prone to symptoms that are directed inwardly, while adolescent boys are more prone to act out.

In adulthood, the prevalence of depression and anxiety is much higher in women, while substance use disorders and antisocial behaviours are higher in men. In the case of severe mental disorders such as schizophrenia and bi-polar depression, there are no consistent sex differences in prevalence, but men typically have an earlier onset of schizophrenia, while women are more likely to exhibit serious forms of bipolar depression.

In older age groups, although the incidence rates for Alzheimer's disease – a degenerative disease of the brain which usually occurs after 65 years of age – is reported to be the same for women and men, women's longer life expectancy means that there are more women than men living with the condition.

Gender and Mental Health, World Health Organization, 2002

Policy approaches to engaging men and boys in achieving gender equality and health equity

July 2010



Sex and gender

Gender: a brief overview

Sex refers to biological, anatomical and physiological characteristics that define males and females.

Gender refers to the roles, behaviours, activities and attributes, which society considers appropriate and expected for men and women. It includes the social organization of women's and men's lives and relations.

Masculinity refers to the meanings and expressions given to being male and the social organization of men's lives and relations, while *femininity* refers to those of women.

Gender is socially constructed

□ Patterns of gender – of women's and men's lives and relations – are the outcome of social forces and relations. In other words, they are constructed in and through society.

Gender is constructed by a wide range of social forces and dynamics, including children's relations with peers and adults, the media, schooling, sociocultural norms, and the workings of organizations and governments.

Sex Differences in Brain, Behavior, Mental Health and Mental Disorders

Meeting Summary: **February 28, 2011 – March 01, 2011**
Bethesda, Maryland

Sponsored by:
National Institute of Mental Health (NIMH)

From February 28, 2011 through March 1, 2011, NIMH convened a workshop to discuss recent findings and gaps within the study of sex differences in the brain. It is well established that an individual's sex can influence susceptibility, prevalence, and age of onset for psychiatric disorders. Despite these clear epidemiological trends, very little is known about the precise timing, neural circuitry, or mechanisms underlying the expression of sex differences in mental disorders.

At this workshop, participants focused on research directed at understanding the mechanisms by which sex differences in affect, cognition, and social behavior arise. Invitees included basic and translational neuroscientists studying animals and humans, with expertise in a variety of methodologies from molecular neuroscience to functional neuroimaging. Primary discussion included how each person's work could inform the others', opportunities to develop collaborations, and ideas for how NIMH could optimize progress across the interrelated topics.

The workshop was organized into three sessions, each concerning a different domain of function. Discussants considered each of these topics in light of developmental trajectories. Each session included an introduction by the session moderator, presentations in key areas, and group discussions facilitated by the session moderator.

Topic 1: Cognition

The first session highlighted research in the domain of cognition. Two presentations discussed sex differences in normal human neurodevelopment, with a focus on the structure and function of prefrontal cortex. These demonstrated that maturational thinning of frontal cortex peaks earlier in girls than in boys, and that sex interacts with allelic variability in the catechol-O-methyl transferase (COMT) gene to predict the impact of stress on executive functions. The third presentation focused on individuals with schizophrenia, and on how sex steroid activity affects a range of cognitive tasks. The final two presentations focused on interactions between sex, stress, and learning and memory. These included studies showing sex-specific hemispheric lateralization of amygdala activation in men and women and how acute stress during the perinatal period affected brain organization in a rodent model.

Discussion topics included: (i) the paucity of research examining sex differences at a neurobiological and mechanistic level; (ii) the pervasiveness of sex differences in the brain, when looked for; and, (iii) the need for more neuroscientists to incorporate sex as a variable in experimental designs. Participants also emphasized the need to educate the wider neuroscience community regarding differences between the effects of steroid hormones on brain organization and activity, especially when considering developmental trajectories. Participants also offered ideas for fruitful areas of research, such as including wild-type mice in model animal experiments, focusing on sexual dimorphisms related to stress reactivity, and examining epigenetic changes.

Topic 2: Affect

The second session highlighted research in the domain of affect, with a focus on amygdalo-cortical circuitry in both animals and humans. The first presentation highlighted sex-by-hemisphere effects of amygdala and ventromedial prefrontal cortex lesions on emotion regulation. The second presentation demonstrated that the effects of estradiol

on fear extinction are sexually dimorphic. Two presentations focused on organizationally based sexual dimorphisms in the stress system, including findings at the molecular-cellular level. Different levels of corticotrophin-releasing factor (CRF) receptor coupling, signaling, and trafficking can lead to greater sensitivity and decreased adaptability to stress in females. In addition, prenatal stress can disrupt gene de-methylation and microRNA function. The final presentation highlighted the importance of sexually dimorphic brain cell growth and development in hippocampus and the development of glial cells in amygdala.

Discussion topics included the differential vulnerability of males versus females to psychiatric disorders at different stages in development, with males being more at risk during fetal development and childhood, and females being more at risk in puberty and old age. Therefore, the identification of sensitive developmental periods for sexually dimorphic changes in brain structure or function was seen as a critical need. In addition to temporal specificity, discussants noted the regional specificity of findings presented. Identified challenges in the field included the difficulties inherent in modeling emotions in animals, the need for better paradigms to study behavioral sex differences, and the difficulty measuring sex differences with current electrophysiological techniques. Participants thought there were great opportunities to increase collaborations, to engage scientists within the molecular neuroscience community, and to increase education/training in this area.

Topic 3: Social Behavior

The third session highlighted research in the domain of social behavior. The first presentation discussed the trajectory of brain structure in normal human development, with a focus on the importance of temporal and regional specificity of effects. Two presentations examined social behavior in rodents, including social cognition, social proficiency, and juvenile play behaviors. Both sets of data emphasized the ways in which these behaviors can be modulated by hormone independent as well as hormone dependent mechanisms. The last two presentations moved from the systems level to the genetic/genomic level. Presenters highlighted sex-specific gene associations in psychiatric disorders such as autism and the importance of including sex as a factor when examining genomic data. In addition, the potential impact of genomic imprinting was explored. The data presented showed how parent of origin effects are regionally and developmentally specific. Paternal imprinting has a stronger influence in the adult brain; maternal imprinting guides embryonic development.

Discussion topics included the existing framework for how to study sex differences, the utility of the four-core genotype model for separating sex chromosome from hormonal activation effects, and the need to apply these tools systematically to the study of a wider range of phenotypes. Discussants also emphasized the importance of focusing on developmental trajectories, noting that sex differences in the brain may vary considerably by developmental period. Challenges in studying sex differences in social behavior include the ways in which salient stimuli themselves may differ for males and females and the critical importance of species selection. Discussants debated the pros and cons of a top-down approach (from sexually dimorphic clinical disorder to neurobiological mechanism) or a bottom-up approach (from sexually dimorphic biology to behavior), but agreed that it was important to focus on those circuits and domains of most relevance to mental health.

For more information, please contact Stacia Friedman-Hill, PhD, friedmans@mail.nih.gov, or Janine Simmons, MD, PhD, simmonsj@mail.nih.gov.

What is depression?

NIMH

Everyone feels sad or irritable sometimes, or has trouble sleeping occasionally. But these feelings and troubles usually pass after a couple of days. When a man has depression, he has trouble with daily life and loses interest in anything for weeks at a time.

Both men and women get depression. But men can experience it differently than women. Men may be more likely to feel very tired and irritable, and lose interest in their work, family, or hobbies. They may be more likely to have difficulty sleeping than women who have depression. And although women with depression are more likely to attempt suicide, men are more likely to die by suicide.

Many men do not recognize, acknowledge, or seek help for their depression. They may be reluctant to talk about how they are feeling. But depression is a real and treatable illness. It can affect any man at any age. With the right treatment, most men with depression can get better and gain back their interest in work, family, and hobbies.

Men between the ages of 18 and 44 are less likely to go to the doctor than women [source: [U.S. Department of Health & Human Services](#)]. Specifically, men are 70 percent less likely to seek treatment when compared to their female counterparts.

This trend is especially evident in men who do not have easy access to adequate [healthcare](#).

A few factors may contribute to this statistic. For one, men are less likely to have [health insurance](#) than women, which may cause them to avoid expensive doctor visits [source: [CDC](#)]. In addition, upholding a "tough" mentality probably factors into the equation as well.

Overall, however, men and women postpone making a doctor appointment until they feel sick or experience a medical emergency. Attending routine checkups and exams is extremely important in preventing health problems for both sexes.

What do we mean by "sex" and "gender"?

<http://www.who.int/gender/whatisgender/en/>

Sometimes it is hard to understand exactly what is meant by the term "gender", and how it differs from the closely related term "sex".

"Sex" refers to the biological and physiological characteristics that define men and women.

"Gender" refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

To put it another way:

"Male" and "female" are sex categories, while "masculine" and "feminine" are gender categories.

Aspects of sex will not vary substantially between different human societies, while aspects of gender may vary greatly.

Some examples of sex characteristics :

- Women menstruate while men do not
- Men have testicles while women do not
- Women have developed breasts that are usually capable of lactating, while men have not
- Men generally have more massive bones than women

Some examples of gender characteristics :

- In the United States (and most other countries), women earn significantly less money than men for similar work
- In Viet Nam, many more men than women smoke, as female smoking has not traditionally been considered appropriate
- In Saudi Arabia men are allowed to drive cars while women are not
- In most of the world, women do more housework than men