

Review: Recommendations for male-friendly counselling with adolescent males: A qualitative systematic literature review

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Background: There are growing calls to tailor counselling practices for adolescent males, a population reluctant to engage in psychological treatment despite concerning rates of mental illness. The objective of this systematic review (PROSPERO: CRD4202125547) was to collate and synthesise recommendations for individual counselling with adolescent males (12–18 years). **Method:** The databases Psychology and Behavioural Science Collection, PsycArticles, PsycINFO, Academic Search Complete, EBSCO eBook Collection, Wiley Science Collection, Taylor and Francis Collection and ProQuest One Academic were searched for articles published between 1995 and November 2021. The quality of evidence was assessed using the JBI critical appraisal checklists, and thematic analysis was employed to synthesise findings across the literature. **Results:** A total of 1625 texts were identified, of which 16 met the inclusion criteria. Generated themes included (a) therapist knowledge of masculinity, gender socialisation, and male-relational styles; (b) necessity of therapists to address masculinity in the therapeutic space; and (c) customising engagement and treatment practices to appeal to adolescent males. **Conclusions:** The themes highlighted the unique developmental, and sociocultural considerations practitioners should be aware of when working with young men. Through a multicultural counselling competency framework, masculinity and adolescent male identity are expressions of diverse sociocultural identities that psychological assessment and intervention should ideally be tailored to suit. The findings of the review suggest that empirical research focusing on the experiences of adolescent males receiving psychological treatment is sparse. Further research is needed to inform the development of practicable, gender-sensitive adaptations to counselling practice for young men.

Key Practitioner Message

- Adolescent males remain a challenging population to engage and retain in individual counselling, who seek mental health services the least, and prematurely disconnect from psychological treatment the most. To date, limited scholarship has focused on this population.
- Unique considerations for working with adolescent males were identified in the review, including practitioner knowledge, awareness, and responsibility of addressing masculinity in therapy, and adaptations to practice that can be utilised to engage and retain young males in therapy.
- Findings demonstrate a lack of scholarship devoted to advancing gender-sensitive, male-friendly interventions for adolescent males. Directions for future development of male-friendly counselling practices are discussed.

Keywords: Adolescent male; adolescence; masculinity; counselling; gender; psychotherapy

Introduction

Adolescence is recognised as the peak onset period for mental illness across the lifespan (Kessler et al., 2007; Solmi et al., 2022), with one-half of all adult psychiatric disorders emergent by age 14 (Kessler et al., 2005). Mental disorders are the leading contributor to years lost due to disability in people aged 10–24 (Gore et al., 2011), with estimates approximating 13–25% of young people up to age 18 experience a mental disorder during a given year (Merikangas, Nakamura, & Kessler, 2009; Polanczyk et al., 2015). Moreover, recent findings suggest anxiety and depressive symptoms in

adolescents near doubled during the recent COVID-19 pandemic (Racine et al., 2021), suggesting a high prevalence of reduced mental well-being. While the impact and burden of mental illness is significant for all young people, adolescent males bear disproportionate representation on varied psychosocial indices of poor mental health (Rice, Purcell, & McGorry, 2018). Relative to their female peers, adolescent males are markedly more likely to die by suicide globally (Glenn et al., 2020; Kölves & De Leo, 2016), misuse substances and alcohol (AIHW, 2020; Swendsen et al., 2012), receive disciplinary action and drop out of secondary school (AIHW, 2019a; Lawrence et al., 2015),

display physical aggression (Nivette et al., 2019) and be incarcerated (>90%, AIHW, 2019b).

The discrete risk profile of adolescent males' mental health is exacerbated by trends of service use inauspicious to effective intervention. Research highlights that although service use for males is increasing (Johnson et al., 2016), young males experiencing mental illness report the lowest rates of professional help-seeking and mental health service engagement of any demographic group across the lifespan (Burgess et al., 2009; Rickwood, 2012; Slade et al., 2009). Moreover, research highlights that young males start disconnecting from healthcare services during adolescence, despite acknowledging mental health and substance misuse issues, limiting the opportunity for primary physicians to address their needs or refer to mental health services (Booth et al., 2004; Marcell et al., 2002). When young men engage with mental health services, national community mental health data indicates they discontinue psychological treatment earlier than females (Seidler et al., 2020). This pattern of disconnection can stymie effective early intervention for mental illness, which may continue into early adulthood and later life if left untreated (Colizzi, Lasalvia, & Ruggeri, 2020; Patton et al., 2014).

Varied barriers are posited to contribute to young men's reluctance to engage with psychological treatment. Masculinity is postulated in the men's health literature as a key determinant of boys' and men's hesitancy to seek psychological treatment (Mahalik, Good, & Englar-Carlson, 2003). Masculinity is defined as the prescriptive social expectations internalised by individuals of what it means to be a 'man' in society (Levant & Richmond, 2007). Conceptualisations of *traditional masculinity*, inclusive of many dominant ideals of manhood, such as stoicism, dominance, and antipathy towards displaying vulnerability, are suggested to largely contribute to decreased help-seeking behaviour (Addis & Mahalik, 2003). Low mental health literacy and knowledge of existing services, negative attitudes towards counselling, perceived societal and self-stigma towards mental illness, and inadequate initial contact with services are further factors proposed to contribute to young men's reduced help-seeking (Burke, Kerr, & McKeon, 2008; Haavik et al., 2019; Rice, Telford et al., 2018; Seidler et al., 2016). These barriers may consequently impede access and meaningful engagement in mental health care.

The deleterious consequences of young men's disconnection from psychological treatment have prompted increasing calls to adapt counselling practices to be *gender-sensitive* to engage this population more meaningfully (Kieling et al., 2011; Rice, Purcell, & McGorry, 2018; Seidler, Rice, River, Oliffe, & Dhillon, 2018). Recent guidelines for psychological practice with boys and men urge psychologists to strive to promote gender-sensitive practices when working with males (American Psychiatric Association [APA], 2018). This recommendation is testament to a burgeoning body of literature that has recognised the significance of adopting a gendered perspective in the counselling of men as a core competency of a multicultural counselling framework (Liu, 2005). Multicultural counselling behoves therapists to develop an understanding of the manifold aspects of the cultural identity of clients that may influence their mental health, including gender and

masculinity (Englar-Carlson, 2006). Moreover, this shift in perspective coincides with recent research highlighting the need to adopt a multiple masculinities framework of psychological treatment with men (Seidler, Rice, River, et al., 2018). This model emphasises practitioners attend to promoting the expansive and dynamic nature of masculinities, such that males can flexibly enact varying representations of manhood relative to their current individual-social contexts (Seidler et al., 2019).

Informed by these contemporary perspectives, *male-friendly* counselling has been proposed as an integrative, gender-informed approach to counselling males that employs interventions that appeal to men and accommodate their gendered norms and relational styles (Kiselica, 2005). This approach is considered *transtheoretical* as male-friendly counselling seeks to address men's reluctance to psychological treatment as a consequence of their traditional gender socialisation and enacted gender roles, rather than maintaining fidelity in adhering to discrete therapeutic modalities (Beel et al., 2018; Brooks, 2010). Considering the importance of accommodating client preferences to reduce premature treatment dropout (Swift et al., 2018), male-friendly counselling is offered as a practicable solution to engaging men in therapy across treatment orientations.

Male-friendly counselling research to date has largely focused on adapting counselling practices for adult males. A scoping review by Seidler, Rice, Ogrodniczuk, Oliffe, and Dhillon (2018) and qualitative systematic review by Beel et al. (2018) have previously attempted to distil the existent male-friendly counselling literature into a collection of unified recommendations for therapists working with adult males. Key findings from these reviews include the recommendations that therapists should have an awareness of masculinity, critically reflect upon the influence of male socialisation and tailor their communication and therapy goals to be masculine-informed (Beel et al., 2018; Seidler, Rice, Ogrodniczuk, et al., 2018). These findings contribute to men's health literature on adult male-friendly counselling practices yet may not equivalently fit with adolescent males (Beel et al., 2018). Adolescence is demarcated as a period of rapid physical and cognitive development, accompanied by the construction of self-identity in the context of societal expectations. Considering past models of mental health care predominantly focus on adult psychological treatment, a clear need for youth-specific mental health services, that account for developmental considerations of adolescence, is apparent (McGorry & Mei, 2018).

To date, a limited number of book chapters (Kiselica, 2005) and edited books (Degges-White & Colon, 2012; Haen, 2011b; Horne & Kiselica, 1999; Kiselica, Englar-Carlson, & Horne, 2008) have been published with a focus on improving counselling practices specifically with boys and adolescent males. Yet, the recommendations are diverse in specificity and limited in their generalisability. For example, male-friendly counselling practices have been applied to specific adolescent *subgroups*, such as gay males (Kocet, 2014) and African American adolescents (Leonard, Courtland, & Kiselica, 1999); *issues*, such as males with attention-deficit/hyperactivity disorder (Kapalka, 2010) or depression (Caldwell, 1999); *contexts*, such as adolescent father programmes (Kiselica, Rotzlen, & Doms, 1994); and *therapeutic modalities*, such as existential therapy

(Groth, 2019) and psychoanalytic therapy (Marotti, Thackeray, & Midgley, 2020). While specificity in clinical practice holds merit, it does not afford therapists an understanding of how to relate to males and engage them in therapy (Seidler, Rice, Ogrodniczuk, et al., 2018).

Although male-friendly practices have been applied to a diversity of specific psychological phenomena and populations, a unified offering of best practices and recommendations for working with adolescent males is absent from the literature (Beel et al., 2018). Systematic reviews are crucial to generating empirically derived answers to predetermined research questions via identifying, appraising, and synthesising available literature in a systematic way (Patole, 2021). Thus, the current review is the first to systematically identify and synthesise transtheoretical male-friendly counselling recommendations for working with adolescent males in the scholarly literature.

Method

Design and registration

A research question was developed to guide the review and resultant thematic analysis: *What are the thematic recommendations in the existing literature for adapting counselling to the needs of adolescent males?* To answer this research question, a qualitative systematic literature review was employed. Qualitative systematic review approaches synthesise data and emphasise knowledge development of specific phenomena and the meaning of their relationships, in contrast to quantitative data sets evaluating statistical effect (Sandelowski & Leeman, 2012). Knowledge derived from qualitative analysis may be inferred to answer research questions posed and provide implications for evidenced-based practice (Sandelowski & Leeman, 2012). To enhance transparency and quality of reporting, the protocol for this review was constructed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols checklist (PRISMA; Page et al., 2021). The protocol for this review was prospectively registered on PROSPERO (CRD42021255477).

Inclusion and exclusion criteria

The inclusion and exclusion criteria were designed to identify texts suitable for data synthesis and thematic analysis.

Adolescent males have been frequently subsumed as a subgroup in previous counselling literature (e.g. males of all ages, or ‘adolescents’ as a collective), or male-friendly concepts incorporated into specialist areas of research, such as specific mental disorders or treatment orientations. To improve objectivity and reduce the risk of selection bias and inaccuracy in attempting to distinguish data relevance, the inclusion criteria were developed to select texts predominantly focused upon transtheoretical male-friendly practices for counselling adolescent males broadly as a population.

Studies eligible for inclusion in the review were empirical articles, books, edited books, or scholarly commentary that contained focused discussion of findings and recommendations for male-friendly practices beneficial to working with adolescent males (12–18 years) in individual, face-to-face counselling. Finally, studies were eligible if they were published between 1 January 1995 and 18 November 2021. The starting year for this review reflects the outflow of research on the psychology of men contemporaneous to the inaugural year of the Division 51 of the American Psychological Association: The Society for the Psychological Study of Men and Masculinities (Beel et al., 2018). For the full list of inclusion and exclusion criteria, see Table 1.

Search of the literature and screening

The databases selected for the search were Psychology and Behavioural Sciences Collection, PsycARTICLES, PsycINFO, Academic Search Complete and, eBook Collection, all of which are associated with the database provider EBSCO. WileyScience Online Library and Taylor and Francis Online were also searched. The grey literature, including dissertations and theses, was searched on the ProQuest One Academic database. The WorldCat eBook database was also consulted. A search strategy was developed for the EBSCO database and adapted for other databases (see Table S1).

Total, double-independent screening was completed by two researchers (MB, JR) to ascertain texts eligible for inclusion. The researchers independently completed a series of searches of the identified databases and exported initial results to Microsoft Excel. After removing duplicate records, MB and JR screened the source titles against the inclusion and exclusion criteria. Next, the remaining texts eligible for abstract screening were imported into the Johanna Briggs Institute (JBI) systematic review software tool JBI SUMARI (Munn et al., 2019). Next, MB and JR independently screened abstracts of remaining texts for eligibility. Finally, MB and JR independently screened full-text articles for inclusion in the final data set. When disagreement occurred, decision on which texts to screen at the abstract and

Table 1. Inclusion and exclusion criteria

Criteria	Included data	Excluded data
Population of interest	Adolescent males	Females, trainees, student cohorts, children, supervisors, institutions and societies, transgender, gender-dysphoric youth
Age	Adolescence: 12–18 years	Children under 12 years and males over 18 years
Age of scholarly data	Between 1 January, 1995 and November 18, 2021	
Type of scholarly data	English language: academic articles, theses, dissertations, commentaries, books, edited book chapters	Repeat articles, book reviews, sources with evidence of an explicit religious or ideological worldview (exception masculinity/gender-informed worldview), non-English data
Focus of data	Transtheoretical counselling practices or recommendations that are gender-sensitive for adolescent males	Predominant specialised counselling or psychotherapy focus: race, religion, or region focus/emphasis, sexuality, psychiatric condition (i.e. phobia, addiction), context (i.e. sports coaching), therapeutic approach (i.e. CBT, psychodynamic)
Interventions	Therapeutic counselling and psychotherapy	Assessment and diagnosis, psychometric assessment, career counselling
Mode of intervention	Face-to-face, individual counselling or psychotherapy	Group, couple, family, or community programme, telehealth, health counselling

full-text phases were resolved by discussion, and where necessary, moderated by a third researcher (NB). The process of screening and source selection is represented in Figure 1.

To assess the quality of evidence, two JBI quality appraisal checklists were utilised. Critical appraisal checklists provide a structured approach to better understand the strengths and weaknesses of a study, and ascertain the extent to which texts addressed the risk of bias in analysis or design (Lockwood, Munn, & Porritt, 2015). The JBI critical appraisal checklist for text and opinion studies (McArthur et al., 2015) was used to appraise descriptive articles. This tool includes six criteria that evaluate the expertise of the author, logic of discourse presented, and reference to extant literature, with each item graded on a four-point scale: 'yes', 'no', 'unclear' or 'N/A'. For empirical texts, the JBI critical appraisal checklist for qualitative research (Lockwood et al., 2015) was utilised. This tool comprises of 10 criteria that evaluate the congruity of the research aims with methodology, appropriate representation of participants, and the ethical nature of the study in its undertaking and reporting, utilising the same four-point scale. As it was assumed the number of texts would be limited, it was decided that all texts would be included in the final analysis to assist in developing a greater understanding of the phenomenon of interest.

Data synthesis

The qualitative review software NVivo V12 was used to code and classify data and generate prospective themes across the data set. Thematic analysis, utilising Braun and Clarke's (2006) six-phase protocol, was adopted to analyse and synthesise the data set. Thematic analysis is an established method used to identify, analyse and synthesise shared patterns of meaning across data sets (Braun & Clarke, 2021). This type of analysis permits the interpreted and theoretically explained themes to have

actionable implications for interventions (Sandelowski & Lee-man, 2012). Employing the six phases, each article was read and reread with initial impressions recorded by the primary researcher (MB) to become familiar with the data set (1). Next, open coding was used to identify and record salient text into codes of data from the literature pertinent to the research question (2). Patterns of codes observed in the data set were then iteratively sorted to generate prospective themes (3). The original data set was frequently reviewed as the themes were developed and refined (4). Final themes were then named and defined (5) and written in the final report (6). To reduce the risk of bias via single-author interpretation of generated themes, prospective and final themes were discussed and agreed upon by two researchers (MB and NB) to enable the developed themes to be both theoretically and clinically meaningful.

Results

Description of studies and critical appraisal

From the 1625 texts identified, 16 were included in the final synthesis. Of these texts, six were expert commentaries without novel data, seven were edited book chapters, while the remaining three were empirical articles that employed qualitative or mixed methods. No grey literature met the inclusion criteria. All non-edited and edited book chapter authors were identified as both therapists and experts in the field. Notably, 13 (81%) were commentaries or reviews. The empirical studies employed a range of methods in obtaining participant responses, including semi-structured interviews (Johansson & Olsson, 2013), free/word association in

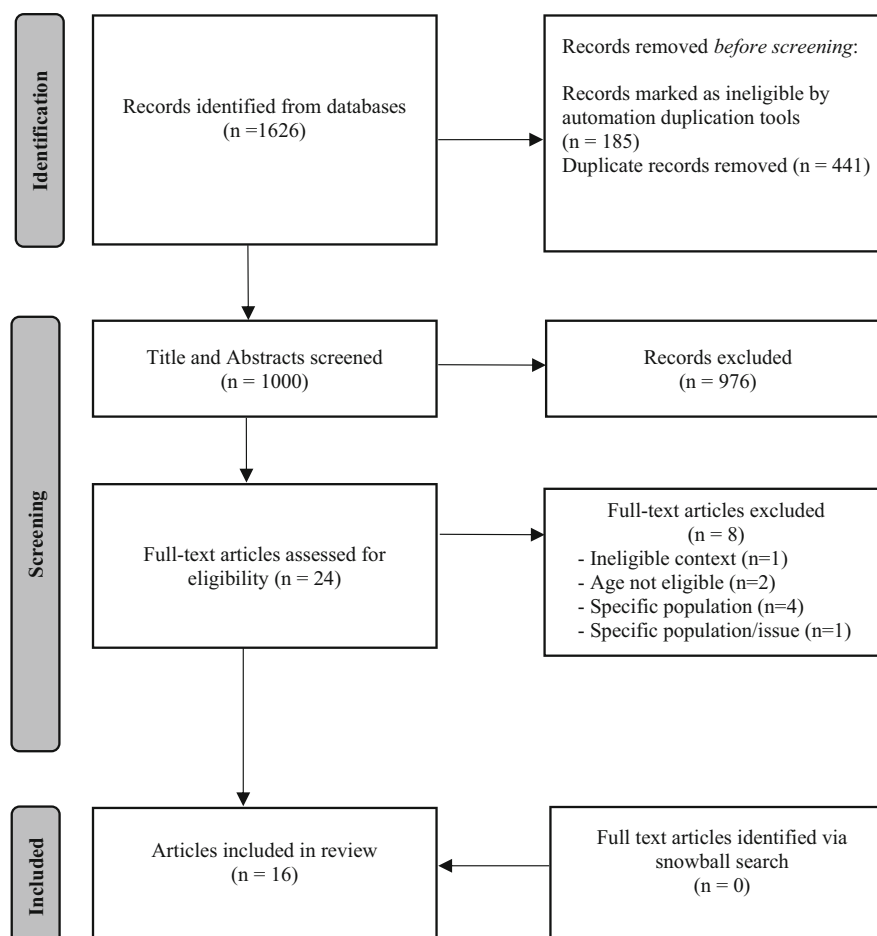


Figure 1. PRISMA flow diagram of search results screening

response to open-ended interview questions (Smith, 2004) and open-ended survey questions (Dunne, Thompson, & Leitch, 2000).

Table 2 provides scores for the JBI quality appraisal checklists for each text. High scores were obtained for the 13 commentaries reflecting a low risk of bias (McArthur et al., 2015). Variability of scores was identified in the empirical studies, with scores ranging from 6 to 8/10. Common causes that reduced the critical appraisal score were a lack of indication of ethical approval in the three studies, and limited explanation of how researcher influence with the qualitative data was addressed (Lockwood et al., 2015).

Three discrete, yet interconnected, themes were generated from the data set: knowledge of masculinity, gender socialisation, and male-relational styles; addressing masculinity in the therapeutic space; and male-friendly treatment adaptations. Table 2 summarises text characteristics, categorises the themes, and identifies the sources in which they were captured.

Theme 1: Therapist knowledge of masculinity, gender socialisation, and adolescent male-relational styles

Fifteen sources emphasised the importance of therapists being aware of the constructs of masculinity and gender socialisation, and to appreciate the unique relational styles of adolescent males. The literature portrayed adolescence as a crucial developmental period for the coalescence of male identity formation and adoption of traditional gender norms, and behaved therapists to gain knowledge about masculinity and gender socialisation proceeding assessment, treatment planning, and intervention (Brooks, 2010; Kiselica & Englar-Carlson, 2008; Marasco, 2018).

Masculinity appeared a central concept throughout the literature, organising scholarly thought on adolescent males' engagement and constancy in counselling. Although diversity in the expression of masculinities was considered (Barker & Crenshaw, 2011; Kiselica, Englar-Carlson, Horne, & Fisher, 2008), the literature predominantly portrayed traditional conceptualisations of Western hegemonic masculinity (Marasco, 2018). Inclusive in these conceptualisations were detrimental aspects of traditional masculine ideals on adolescent male's mental health, such concealment of vulnerability, contradictory societal messages of what is required of them to be 'a man', and rejection of intimacy and connection within interpersonal relationships (Haen, 2011; Johansson & Olsson, 2013; Levant, 2005; Pollack, 2006). In contrast to more critical discourses of masculinity that position males as a primarily privileged group, sympathetic perspectives were also offered to therapists to consider the relative vulnerabilities of adolescent male's resultant of rigid adherence to traditional masculine norms (Pollack, 2006).

Therapists were also encouraged to be aware of the continuing effect of gender socialisation of males during the adolescent developmental period. Through aligning their behaviour to traditional masculine ideals as a consequence of gender socialisation, the pressure placed upon adolescent males to restrict emotion, conceal vulnerability and appear 'strong' was highlighted in the literature and considered a key determinant on adolescent males' reticence to engage in counselling (Greene

Burton, 2012; Johansson & Olsson, 2013; Pollack, 2006). As a result of these barriers, therapists were urged to recognise that adolescent males may present to therapy and actively conceal their emotions or displays of vulnerability. As depicted by Pollack (2006):

Because of the way boys harden themselves and cover up feelings of pain and susceptibility and because they may actually lie about how they are feeling and how they perceive themselves, many clinicians may fail to hear these boys' genuine voices and ascertain the full scope of their true feelings and thoughts (p. 193).

To address this, therapists were urged to consider how socialisation to traditional masculinity may manifest in the therapeutic space when working with adolescent males (Kiselica & Englar-Carlson, 2008; Marasco, 2018), namely the restriction of emotion and surveillance of perceived weakness (Johansson & Olsson, 2013). Therapists were encouraged to consider their perceptions of adolescent males' reluctance towards therapy, and consequently adapt their approach to assessment and intervention (Barker & Crenshaw, 2011; Kiselica, 2003), such that "What previously may have been seen as narcissism or resistance can now be recognized as an understandable fear of vulnerability, a sense of shame, or a manifestation of defensive autonomy" (Brooks, 2010, p. 90).

Therapists were also encouraged to be cognisant of the unique relational styles of adolescent males and to be mindful that conventional counselling practices and environments may be incompatible with this population (Brooks, 2010; Greene Burton, 2012; Kiselica, 2003, 2005). Authors posited that adolescent males generally build connection and intimacy through instrumental activity, competitiveness, and cooperation (Kiselica, 2003). This contrasts to more traditional requirements of counselling, such as introspection, self-disclosure, and dyadic discussion (Brooks, 2010; Verhaagen, 2010). Consequently, adolescent males may feel uncomfortable and out of place in traditional counselling environments. Therapists were cautioned to be aware of this incompatibility and to adapt practices to engage their adolescent male clients more meaningfully.

Theme 2: Addressing masculinity and gender socialisation in the therapeutic space

Fifteen sources highlighted the necessity for therapists to take responsibility for addressing the influence of masculinity in the therapeutic space. They described how adolescent males are socialised to suppress and conceal emotions; and that rigid adherence to masculine norms may induce a sense of shame in therapy if emotions are experienced or vulnerability publicly displayed (Dunne et al., 2000; Johansson & Olsson, 2013). Thus, a predominant task of counselling is to develop the young male's capacity to identify and articulate emotions (Kiselica, 2005; Verhaagen, 2010) and subsequently expand the range of emotional expression deemed acceptable (Barker & Crenshaw, 2011). Authors noted this process involves therapists first considering how their own assumptions of masculinities influence their stance towards their clients before assisting adolescent males in appraising their own experience of masculinity (Brooks, 2010; Marasco, 2018) and urged therapists to not be reticent in addressing this

Table 2. Source characteristics, representation of themes, and quality appraisal scores

Source (year); location	Source type	Design	Participant characteristics	Content discussed	Theme 1: Masculinity knowledge	Theme 2: Addressing masculinity	Theme 3: Counselling adaptations	Source quality
Brooks (2010); US	B	Commentary	NS	Masculinity; transtheoretical approaches; male-friendly psychotherapy	Y	Y	Y	6/6
Verhaagen (2010); US	B	Commentary	NS	Young male culture; identify formation; improving emotional intelligence; engaging young men	Y	Y	Y	6/6
Barker and Crenshaw (2011); US	EBC	Commentary	NS	Adapting masculine strivings, restrictive masculinity, masculinity in counselling practice	Y	Y	Y	6/6
Haen (2011b); US	EBC	Commentary	NS	Gender differences; stoicism; identity development; creative therapeutic approaches	Y	Y	Y	6/6
Kiselica (2005); US	EBC	Commentary	NS	Adolescent male-relational styles; conventional counselling; professional restraints	Y	Y	Y	6/6
Kiselica & Englar-Carlson (2008); US	EBC	Commentary	NS	Positive masculinity; adolescent male-relational styles; humour; self-reliance	Y	Y	Y	6/6
Kiselica, Englar-Carlson, Horne, and Fisher (2008); US	EBC	Commentary	NS	Conventional counselling with adolescent males; engagement strategies	Y	Y	Y	6/6
Levant (2005); US	EBC	Commentary	NS	Adolescent development; gender socialisation; risk-taking	Y	Y	Y	6/6
Verhaagen (2013); US	EBC	Commentary	NS	Therapeutic relationship; humour in therapy	Y	Y	Y	6/6
Dunne et al. (2000); Ireland	J	Empirical; Mixed-Method	<i>n</i> = 11 age: 14–18 (<i>M</i> = 16.0)	Helpful/unhelpful counselling experiences reported by adolescent male participants		Y	Y	6/10
Greene Burton (2012); US	J	Commentary	NS	Engaging boys and gifted boys in counselling; male-friendly adaptations	Y	Y	Y	5/6

(continued)

Table 2. (continued)

Source (year); location	Source type	Design	Participant characteristics	Content discussed	Theme 1: Masculinity knowledge	Theme 2: Addressing masculinity	Theme 3: Counselling adaptations	Source quality
Johansson and Olsson (2013); Sweden	J	Empirical; Qualitative	<i>n</i> = 10 child & adolescent therapists	Therapist perspectives of adolescent male clients; unique difficulties of young males; traditional masculinity	Y	Y	Y	8/10
Kiselica (2003); US	J	Commentary (inc. Case study)	NS	Expectations of male-friendly processes with adolescent males	Y	Y	Y	6/6
Marasco (2018); US	J	Commentary (inc. Case study)	NS	Hegemonic masculinity; gender role socialisation; adaptations to practice	Y	Y	Y	6/6
Pollack (2006); US	J	Commentary	NS	Findings from the Listening to Boys' Voices project contextualised into implications for practitioners	Y	Y	Y	6/6
Smith (2004); US	J	Empirical; Qualitative	<i>n</i> = 100 age: 12–18 (<i>M</i> = 15.4)	Adolescent males' views of receiving counselling	Y		Y	6/10
Total					15	15	16	

B: Book; EBC: edited book chapter; J: journal article; US: United States; Y: yes, theme captured in resource.

throughout counselling (Haen, 2011; Kiselica, Englar-Carlson, Horne, & Fisher, 2008).

Therapist self-awareness and therapeutic stance. Therapists were encouraged to critically reflect upon their own assumptions of masculinity and how adolescent males ought to 'act' (Haen, 2011; Johansson & Olsson, 2013). As highlighted by Johansson and Olsson (2013) "not only the boys struggle with the male norm: therapists also carry the image of masculinity, about boys being reluctant to express feelings of sadness and weakness" (p. 537). Therapists were urged to consider the personal impact of traditional masculinity and gender socialisation in their own lives and to explore in supervision how their assumptions and biases of gender and masculinity influence their case conceptualisation of the common issues of young men (Marasco, 2018). Cultivating a therapeutic stance that incorporates the Rogerian principles of accurate empathy, genuineness, and unconditional positive regard was emphasised to develop therapists' sense of regard and commitment to their clients. Authors conveyed to therapists the importance of developing accurate empathy and genuineness towards their male clients, allowing them to be fully seen and understood by the therapist without the need to feel shame (Kiselica, 2003; Levant, 2005; Pollack, 2006; Verhaagen, 2010, 2013). Moreover, a therapeutic stance of unconditional positive regard enables therapists to reflect upon the struggles and experiences of adolescent males and connect in the therapy space with respect and

full acceptance of who they are (Greene Burton, 2012; Haen, 2011; Pollack, 2006; Verhaagen, 2010).

Client exploration of emotions and masculinities in the therapeutic space. When addressing emotional expression in the initial stages of counselling, therapists were cautioned to proceed incrementally, such that they honour the defences employed by adolescent males to appear unemotional, lest they induce a sense of vulnerability prematurely (Barker & Crenshaw, 2011; Kiselica, 2003; Verhaagen, 2010). Cognitive interventions were suggested as an inlet to further discussion of clients' emotional experience (Greene Burton, 2012; Haen, 2011). Discussing emotion was likened to a balancing act for therapists, distancing and approaching intimacy in the therapy space frequently and shifting from discourse of affect to cognition when therapeutic intimacy appears intolerable (Haen, 2011).

When addressing the influence of masculinity, the literature offered a dialectical view towards masculinity and therapy (Pollack, 2006), such that "adolescent males need to be taught explicitly that one can be strong and courageous, yet still express tender emotions when the situation calls for such feelings" (Barker & Crenshaw, 2011, p. 45). Therapists were urged to offer a space for adolescent males to construct a new, adaptable code of manhood (Pollack, 2006). One that demarcates healthy forms of masculinity from the harmful (Kiselica, Englar-Carlson, Horne, & Fisher, 2008), via challenging self-stigma (Verhaagen, 2010), facilitating client

appraisal of the utility of traditional proponents masculinity such as 'real men are tough' (Brooks, 2010), assessing how clients feel that live up to their masculine ideals (Haen, 2011), and educating males on power and status as they relate to gender (Marasco, 2018).

Therapists may also utilise themselves as agents of change in addressing masculinity. Male therapists can model healthy aspects of masculinity for young men and may assume a role of mentor, coach, or father figure (Haen, 2011). Conversely, female therapists can challenge problematic beliefs embedded in hegemonic masculinity through deconstructing the influence of hegemonic masculinity on females, challenge misogynistic language articulated in therapy by the client, and model pro-social interactions with females (Marasco, 2018).

Theme 3: Male-friendly treatment adaptations founded upon knowledge of male-relational styles

A theme recurrent across all the literature was the necessity for therapists to adapt their counselling practices to accommodate the relational styles of adolescent males. Justifications for adaptation to therapy focused on the incompatibility of traditional therapy and adolescent males' relational styles (Haen, 2011; Kiselica, 2003; Kiselica & Englar-Carlson, 2008). Young males often develop friendship and rapport through instrumental and action-oriented activities, such as sport and collaborative projects, and may have been socialised to distance themselves from their emotions (Kiselica, 2003, 2005). This contrasts with the conventional 50-min, behind closed doors, introspective counselling session considered customary in traditional therapy. Because of this mismatch, therapists may interpret the adolescent males' discomfort as indicative of therapy resistance or alexithymia (Barker & Crenshaw, 2011; Kiselica & Englar-Carlson, 2008). This could result in the therapeutic rapport not being established, nor allow the therapist to recognise the emotional distress the adolescent male may be experiencing (Pollack, 2006). To resolve this mismatch, male-friendly practices take advantage of the relational styles of adolescent males.

At the commencement of counselling, therapists were urged to tap into their client's action-oriented, relational styles to create welcoming therapy environments and be creative in their approach to the process of counselling. The therapy environment could cater to the interests of adolescent males via adapting the décor of office spaces to include posters of sporting heroes or movies, video-game figurines in counselling offices, and male-friendly magazines in waiting areas (Barker & Crenshaw, 2011; Brooks, 2010; Kiselica, 2003; Verhaagen, 2010). Utilising objects in the therapy room was also emphasised, such as fidget toys, two-player games or puzzles, to foster dialogue while allowing adolescent males to ease into the tasks of counselling (Greene Burton, 2012; Johansson & Olsson, 2013). If feasible, therapists were encouraged to extend counselling to informal settings, such as a basketball court, park or walking the block (Haen, 2011; Kiselica, 2005; Smith, 2004), and incorporate physical activity such as walking or shooting baskets (Brooks, 2010; Haen, 2011a). In contrast to the traditional 50-minute 'therapy hour', authors recommended flexible time schedules and provide the option for brief drop-in sessions to suit young males (Greene

Burton, 2012; Kiselica, 2003). School therapists could briefly meet multiple times per week to support therapy goals while therapists in private practice could shift allocated time to text and email correspondence between sessions (Haen, 2011). Ultimately, sources emphasised the need for adolescent males to perceive their therapists as adaptable and committed to making them feel at ease in the therapy space.

Effective communication congruent with adolescent male-relational styles was emphasised as a key determinant of therapists being perceived as safe and relatable. Authors recommended therapists engage with adolescent males with less formality, avoid diagnostic labels, and be prepared to discuss topics of interest to the young male at length, such as sports, video games, or friendships (Kiselica, 2005; Verhaagen, 2010), and equally be open to interest areas less normative amongst adolescent males. Rather than inefficient time spent, authors emphasised the opportunity for rapport building and therapeutic work to be incorporated into informal discussion of interests. Ten sources noted the importance of humour to adolescent males as a conduit for defusing discomfort and attaining intimacy in relationships (Haen, 2011; Kiselica, Englar-Carlson, Horne, & Fisher, 2008). Therapists were encouraged to recognise when young males use humour as a port of entry to more serious discussion and be willing to engage in, and offer humour in return (Kiselica & Englar-Carlson, 2008). Utilising client interests, therapists may also employ metaphors to convey psychological concepts to adolescent males in a way that is understandable and relatable to their current problems (Barker & Crenshaw, 2011; Verhaagen, 2010). Finally, eight sources recommended the use of appropriate self-disclosure of similar struggles as a means of therapeutic progress with adolescent males who may find it difficult to disclose personal issues (Kiselica, 2003; Marasco, 2018).

Authors recommended a collaborative and transparent approach to setting goals and identifying topics of focus in therapy. Therapists were encouraged to be directive at the commencement of therapy yet remain collaborative in the counselling relationship. Authors posited adolescent males are routinely referred to counsellors as a result of the concerns of others and can be pressured to attend by caregivers (Verhaagen, 2010). Thus, establishing a therapeutic relationship of collaboration communicates to the client that they are respected and are the agent of change. Therapists are also encouraged to be transparent about the counselling process and to explore the young males' expectations of counselling and resolve any misconceptions from the start (Greene Burton, 2012; Kiselica, 2003; Verhaagen, 2010). Moreover, declaration that the young male is the primary client, rather than referring caregivers or institutions, allows the therapist to align with the clients' objectives of counselling (Verhaagen, 2010). Authors recommended therapists adopt a problem-focused perspective that is undergirded by the adolescent males' strengths, such that adolescent males perceive that action will occur in counselling and that they have the internal resources to necessary to overcome problems (Greene Burton, 2012; Haen, 2011; Johansson & Olsson, 2013).

Overall, the themes generated from the literature highlight the need for therapists to employ a gendered

approach to counselling with adolescent males, inclusive of knowledge of the unique patterns of presentation of adolescent males and their challenges in counselling. This knowledge may consequently motivate therapists to critically reflect upon their attitudes towards adolescent males and inform their clinical practice.

Discussion

There remains growing interest and calls for gender-sensitive adaptations to counselling for adolescent males (Rice, Purcell, & McGorry, 2018; Seidler, Rice, River, et al., 2018). This qualitative systematic review was the first to synthesise the scholarly literature on transtheoretical recommendations that aim to engage and retain adolescent males in counselling, a population that seeks help the least (Rickwood, 2012), and prematurely disengages from psychological treatment the most (Seidler et al., 2020). The research question and resultant synthesis is proffered as a reference point for practitioners and researchers to understand the scholarly literature on male-friendly counselling for adolescent males. The recommendations throughout the literature for adapting counselling for adolescent males included are as follows: knowledge of masculinity, gender socialisation, and relational styles of adolescent males; the need to address masculinity in the therapeutic space; and adapt counselling to suit the relational styles of adolescent males.

The first theme highlighted the necessity for therapists to develop their knowledge of adolescent males, their masculinities, and relational styles. Consistent with the broader literature (Beel et al., 2018; Seidler, Rice, River, et al., 2018), the construct of masculinity was a principal theme in the current review and was contextualised as a key determinant in adolescent males contact with counselling and mental health services. Research highlights that inflexible conformity to restrictive masculine norms and the policing of masculinity amongst peers is strongest during adolescence (Herreen et al., 2021; Reigeluth & Addis, 2016; Rice, Fallon, & Bambling, 2011), as young males explore and commit to differing gender identities (Steensma et al., 2013). Rigid adherence to restrictive masculine norms is related to lower help-seeking behaviour, higher reliance on maladaptive coping strategies, and higher perceived self-stigma (Seidler et al., 2016). Consequently, young males may feel shame and helplessness for initially violating traditional masculine norms when seeking help (Johansson & Olsson, 2013), and then subsequently feel unease and disconnection in conventional therapy (Seidler et al., 2021). Thus, by gaining knowledge of gender role socialisation, therapists can improve their acuity in assessment by considering the impact of masculinity on adolescent male development and how it may affect the therapeutic relationship (Mahalik, Good, Tager, Levant, & Mackowiak, 2012), and adapt interventions to suit the relational styles of adolescent males.

The second theme extended this knowledge and highlighted the need for therapists to take responsibility for addressing the influence of masculinity in the therapeutic space. Masculinity research highlights that therapists are gendered participants in the counselling relationship that possess their own biases and assumptions that impact the experience of psychological treatment for male clients (Mahalik et al., 2012). Thus, recent

guidelines for psychological practice with boys and men highlight the importance for therapists to reflect upon their own assumptions, stereotypes and countertransference reactions towards men and masculinities when assisting their male clients navigate rigid definitions of what it means to be a man (APA, 2018). Notably, conventional frameworks for multicultural counselling encourage therapists to remain critically self-aware of their beliefs and attitudes towards their clients to forestall any negative impact on psychological treatment (Sue, Arredondo, & McDavis, 1992). Findings from the current study extend the therapists responsibility to raise their client's awareness of the impact of restrictive masculine norms on their lives. Akin to guidelines for working with boys and men (APA, 2018), this counsel warrants therapists to take an active role in addressing the gender socialisation of and with their clients.

Recent literature has highlighted the value in utilising the positive psychology-positive masculinity paradigm in clinical practice with men (Kiselica et al., 2016). This model highlights the adaptive aspects of masculinity and assumes a strength-focused approach to therapy with males, such that the existing resources and strengths are prioritised over diagnostic epithets (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). Moreover, the recent positive masculinity framework for boys and young men posited by Wilson et al. (2022) may provide an outline for therapists to utilise when exploring healthy expressions of masculinities with young males. This framework contextualises the dimensions of *knowing*: young men free to evaluate societal and personal expectations of masculinity and create their own meaning; and *being*: young men embodying healthy masculinity by being values congruent, motivated to contribute to society, and remain interpersonally connected, in the intersectionality of masculinities that exist (Wilson et al., 2022). Although a nascent framework, this approach appears congruent with findings from the current study and broader literature that highlights the therapist's responsibility in addressing masculinity in therapy with their clients. Moreover, this framework provides a lens to which the dyad can curiously and respectfully deconstruct gender socialisation and create new, adaptable meanings of manhood.

The final theme captured across all the literature was the need for therapists to adapt counselling practices to engage adolescent males. Considering that many young people do not initiate counselling on their own accord (de Haan et al., 2013), previous research has highlighted the importance of positive initial contact with psychological services as a key facilitator to improved engagement amongst adolescent males (Rice, Telford, et al., 2018). Moreover, perceived lack of connection with the therapist and perceived incompatibility with talk therapy are key reasons implicated for therapy dropout in male populations (Seidler et al., 2021). The current review proffers that aligning therapy practices with adolescent male-relational styles is an inlet to improved and meaningful engagement in counselling. This theme is consistent with masculinity-informed recommendations for adapting treatment for adult males (Beel et al., 2018; Mahalik et al., 2012), but contextualises male-friendly adaptations to the adolescent developmental period. In contrast to men, the developing adolescent male's cultural identity possesses a relative powerlessness. Adolescent males

typically have limited financial and social independence, and spend a majority of their days in rigid hierarchical institutions, yet are socialised to contradictory dominant gender messages that domination and control of others begets *real* manhood (Denborough, 2018). Thus, to align well upon commencement, male-friendly therapy adaptations to collaborative therapy require the therapists to acknowledge the dynamics of power throughout all aspects of the therapy process. Findings from the current review suggest that therapists are tasked to respect the young men they counsel by adapting the therapy environment, therapy time, therapeutic language, and therapeutic tasks and goals to suit their needs.

Implications and limitations

The themes drawn from this review offer a nuanced approach to counselling with adolescent males that contextualises their gendered experience and developmental period as focal points for tailored intervention. This approach contrasts to previous scholarship subsuming the counselling needs of adolescent males to those of all adolescents or adult males. As highlighted by Kassan and Sinacore (2016), adolescent counselling literature appears polarised between expansive, gender-blind recommendations and treatment-specific protocols for identified subgroups. The former attenuating the significance of diversity in experience and the latter restricting generalisability. Moreover, presuming adult approaches of engagement and intervention are wholly applicable to counselling with adolescent males may fail to adequately suit their preferential and developmental needs (Kassan & Sinacore, 2016; McGorry & Mei, 2018). Thus, the findings from this review highlight for practitioners the need for both gender-informed and developmental considerations to be accounted for when working with adolescent males. The focal points of intervention for this approach can be categorised as masculinity *aligning* practices and masculinity *extending* practices.

The third theme broadly captures masculinity *aligning* practices, which are tailored interventions founded upon an understanding of the young man's masculinities and youth culture. The primary objective of these practices is to engage young men meaningfully through therapy conditions and activities that appeal to them and promptly establish therapeutic rapport. Previous meta-analytic research has identified that therapist accommodation of client preferences was related to fewer therapy dropouts (Swift et al., 2018). This is notable as some research highlights that near half (48%) of all adolescents aged 12–17 years discontinue psychological treatment within 1–3 sessions (Seidler et al., 2020). Moreover, client engagement is inextricably connected to therapeutic rapport (Thompson et al., 2007), itself a key determinant of psychological treatment outcomes (Horvath et al., 2011). Thus, meaningful client engagement in therapy appears crucial from the onset to deter premature dropout. The findings of this review predominantly highlight normative activities and topics of interest that appeal to male youth that practitioners may utilise in therapy. Yet, practitioners are also behooved to be prepared for discussion of non-normative interests as well, to ensure young males who may not conform to traditional male interests do not feel othered in counselling. Overall, aligning the conditions and activity in therapy appears crucial to retaining adolescent males in therapy

and towards creating a path to deeper psychological exploration.

Theme two captures masculinity *extending* practices. These practices prioritise the masculinities of the adolescent male as a focal point in therapy rather than a consideration. This shift in priority arises from the need to address deleterious aspects of traditional masculinity that may impinge the effectiveness of therapy with young males by extending their awareness and perspective of their own masculinity beliefs and attitudes. Research highlights that internalised beliefs about the importance of adhering to traditional masculine norms appear to intensify during adolescence but gradually become less inflexible as adolescent males get older and cognitively develop (Marcell et al., 2011; Rice et al., 2011). In part, this decline in rigid adherence to traditional masculine norms may be associated with cognitive development during adolescence, increasing adolescent males' capacity to be self-aware, think abstractly, and take multiple perspectives (Blakemore & Choudhury, 2006). Thus, therapists are afforded an unique opportunity during this developmental period to assist young males in extending their awareness of how restrictive beliefs of masculinity may impact them and invite them to explore and demarcate what healthy masculinities signifies to them (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). As males tend to increasingly disconnect from health services during adolescence (Marcell et al., 2002), this life stage appears apt to differentiate adaptive forms of masculinity from the maladaptive and avert damaging trajectories of health care disengagement in adulthood.

The themes of the current review are also consistent with the established competencies of multicultural counselling offered in the literature (Sue et al., 1992, 1998). Sue et al. proposed that multicultural counselling is broadly expressed via three domains of therapist competencies: (a) therapist awareness of their own assumptions, values and biases; (b) therapist understanding of the worldview of their clients; and (c) therapist development and implementation of culturally appropriate interventions and strategies. These competencies extend to all forms of culture and their intersectionality, including race, gender and sexual orientation, to coalesce into a personal cultural identity (Collins & Arthur, 2010).

It should be noted that the recommendations offered in the current review will not be equally generalisable to each adolescent male due to their idiosyncratic personal identities (Collins & Arthur, 2010). Yet, when viewed as an expression of a multicultural counselling framework, these recommendations equip therapists in developing an understanding and awareness of adolescent males and their identities that is applicable within various theoretical therapy orientations, client populations, and therapy conditions. This framework is consistent with broader literature on practitioner training for working with males in therapy. For example, Men in Mind (Seidler et al., 2022), the recently published training programme for practitioners working with men focuses upon increasing mental health professionals' *gender competence*. Gender competence is considered a subtype of the multicultural counselling competencies (Sue et al., 1992). It is defined as the practitioner's capacity to demonstrate awareness of how men's masculinity interacts with their mental health via adaptations to treatment corresponding to their individual experience (Seidler,

Wilson, Owen, et al., 2022). Congruent with the findings of the current review, the Men in Mind programme includes modules focused on increasing practitioner knowledge of gender socialisation and awareness of their own assumptions of masculinity, masculinity-informed adaptations to treatment to improve engagement, and strategies to increase willingness to discuss emotions (Seidler, Wilson, Owen, et al., 2022). In sum, the recommendations of the current review and broader literature emphasise adapting practice to work with men's unique expressions of their masculinities rather than despite them (Seidler et al., 2022).

There are several limitations of the current review that must be noted. Firstly, a major constraint of the generalisability of this review's findings is that most of the texts included were scholarly commentaries (81%). Scholarly commentaries include descriptive articles from practitioners that express opinion based upon clinical experience or comment of existing research and are considered the lowest level of evidence in traditional research frameworks of evidence-based practice (Geddes & Harrison, 1997). This predominance of scholarly commentaries in the literature for adolescent males is comparable to that examining gender-sensitive adaptations for adult males (88%, Beel et al., 2018; 65%, Seidler, Rice, Ogrodniczuk, et al., 2018) and highlights the scarcity of primary research available in this area. However, this knowledge gap reaffirms the need of this review and further primary research that evaluates the effectiveness of gender-sensitive adaptations to therapy with young men. In the absence of primary research, systematic review of scholarly commentary can be considered the most appropriate evidence available (McArthur et al., 2015), yet necessitates practitioners to interpret the limited quality of evidence accordingly. Notably, however, common elements of male-friendly adaptations were pervasive across the review's data set (see Table 2), suggesting relative consensus of core practices that practitioners may employ to better suit adolescent males, regardless of treatment orientation. Moreover, the findings of this review support the appeal for men and masculinity to be considered a salient multicultural counselling competency (Liu, 2005), that practitioners may develop their knowledge of (Seidler, Wilson, Owen, et al., 2022), and employ in a diversity of theoretical and treatment orientations (Mahalik et al., 2012). Thus, practitioners and researchers are encouraged to interpret the findings of this review as a starting point to inform both clinical practice and further academic enquiry.

A further limitation was the dearth of primary research on the processes within therapy conducive to increased engagement and retention as reported by adolescent males themselves. For example, Dunne et al. (2000) examined the self-report of 11 adolescent males experiences of helpful and unhelpful events during counselling. Dunne et al. found that young males placed high importance on the act of talking and exploration of emotions in therapy, in contrast to studies in which adult males placed high importance on action-oriented, problem-solving therapy (Johnson et al., 2012; Seidler et al., 2016). To be clear, it is apparent that future empirical research examining the efficacy of male-friendly practices for adolescent males is needed to complement the current scholarly opinion on 'what works' for engaging this population. Yet in addition,

future qualitative research could also explore the experiences of adolescent males who have received counselling to determine what they consider to be meaningful to their engagement in counselling.

A final limitation that constrains the generalisability of this review is the exclusive focus on male-friendly practices in individual, face-to-face counselling with adolescent males. The review was designed to solidify the knowledge base for engaging young men in this therapy format, but comment should be made to the emerging alternative formats for psychological treatment. Online counselling, via real-time chat or video conferencing and digital interventions, appears promising alternate forms of intervention for young men that can be a less intrusive introduction to mental health services (Rickwood, 2012). Recent qualitative research with Australian adolescents identified that although unique barriers were highlighted with online computerised help-seeking, such as effort and unfamiliarity, participants reported online formats a more preferable, and 'safer' initial step towards further mental health services (Clark et al., 2018). However, a systematic review of online adolescent mental health intervention programmes identified that premature discontinuation of the online programmes was moderate to high (Clarke, Kuosmanen, & Barry, 2015). Although it is proffered that many recommendations from the current review may be translated to online interventions with young men, further research is needed on how these alternative formats of therapy appeal to and engage this population.

Conclusions

Adolescent males remain a challenging population to engage and retain in psychological treatment. This review has systematically collated and synthesised recommendations across the scholarly literature that appeal to young men and may be considered male-friendly. These recommendations are consistent with research exploring gender-sensitive approaches to therapy with adult males and contextualise masculinity as a salient factor in the initial engagement of young males in therapy, and as a focus of their subsequent treatment. Moreover, the themes generated in the current study can be readily incorporated into clinical practice by practitioners through a multicultural counselling framework.

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Supporting information

Additional Supporting Information may be found in the online version of this article:

Table S1. Data base search terms.

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